**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

|  |
| --- |
| Cause Number:  |
| *(The Clerk’s office will fill in the Cause Number when you file this form)* |
| Plaintiff:  | In the | *(check one)*: |
| *(Print first and last name of the person filing the lawsuit.)* |  | District CourtCounty Court / County Court at Law Justice Court |
| And | *Court Number* |
| Defendant:  |  Texas |
| *(Print first and last name of the person being sued.)* | *County* |

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

# Your Information

My full legal name is: My date of birth is: / /

*First Middle Last Month/Day/Year*

My address is: *(Home*) *(Mailing)*

My phone number: My email: About my **dependents:** “The people who depend on me financially are listed below.

|  |  |  |
| --- | --- | --- |
| *Name* | *Age* | *Relationship to Me* |
| 1  |   |  |
| 2  |   |  |
| 3  |   |  |
| 4  |   |  |
| 5  |   |  |
| 6  |   |  |

# Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as ‘Exhibit: Legal Aid Certificate.

## -or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

## or-

I am not represented by legal aid. I did not apply for representation by legal aid.

# Do you receive public benefits?

I do not receive needs-based public benefits. **- or -**

I receive these **public benefits/government entitlements** that are based on indigency:

*(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Food stamps/SNAP | TANF | Medicaid | CHIP | SSI | WIC | AABD |
| Public Housing or Section 8 Housing | Low-Income Energy Assistance | Emergency Assistance |
| Telephone Lifeline | Community Care via DADS |  | LIS in Medicare (“Extra Help”) |
| Needs-based VA Pension | Child Care Assistance under Child Care and Development Block Grant |
| County Assistance, County Health Care, or General Assistance (GA) |
| Other:  |  |  |  |  |  |  |

## What is your monthly income and income sources?

“I get this monthly income:

$ in monthly wages. I work as a for .

*Your job title Your employer*

$ in monthly unemployment. I have been unemployed since *(date)* .

$ in public benefits per month.

$ from other people in my household each month: (*List only if other members contribute to your household income*.)

$ from Retirement/Pension Tips, bonuses Disability Worker’s Comp Social Security Military Housing Dividends, interest, royalties Child/spousal support

My spouse’s income or income from another member of my household *(If available)*

$ from other jobs/sources of income. *(Describe)*

$ is my *total* **monthly** income.

## What is the value of your property? 6. What are your monthly expenses?

|  |  |  |  |
| --- | --- | --- | --- |
| “My **property** includes: | **Value\*** | “My **monthly expenses** are: | **Amount** |
| Cash |  $  | Rent/house payments/maintenance |  $  |
| Bank accounts, other financial assets | Food and household supplies |  $  |
|  $  | Utilities and telephone |  $  |
|  $  | Clothing and laundry |  $  |
|  $  | Medical and dental expenses |  $  |
| Vehicles (cars, boats) *(make and year)* | Insurance (life, health, auto, etc.) |  $  |
|  $  | School and child care |  $  |
|  $  | Transportation, auto repair, gas |  $  |
|  $  | Child / spousal support |  $  |
| Other property (like jewelry, stocks, land, another house, etc.) | Wages withheld by court order |  $  |
|  $  | Debt payments paid to: *(List)* |  $  |
|  $  |   |  $  |
|  $  |   |  $  |

***Total* value of property** ** **$ *Total* Monthly Expenses** ** **$**

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

## Are there debts or other facts explaining your financial situation?

|  |
| --- |
| “My **debts** include: *(List debt and amount owed)*  |
| “ |

*(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled “Exhibit: Additional Supporting Facts.”) Check here if you attach another page.*

# Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear: I cannot afford to pay court costs.

I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is . My date of birth is : / / . My address is

*Street City State Zip Code Country*

|  |  |  |  |
| --- | --- | --- | --- |
|  signed on |  / /  | in  | County,  |
| *Signature* | *Month/Day/Year* | *county name* | *State* |