

Sworn Statement of Inability to Pay

- Filing Fees and Service Fees** (new cases) Rule 502.3 (b)
- Furnish bond or pay a cash deposit** (appeals) Rule 506.1 (d) and 510.9 (c)

Party's Information	
Name:	Phone number:
Address:	DL No. or State ID:
City: St: Zip:	Single or Married <small>(circle)</small> No. of Dependents:

Government Entitlement Income	
Temporary Aid for Needy Families (TANF): \$	Food Assistance: \$
Social Security or Disability: \$	Health Care Assistance: \$
Veteran's Benefits: \$	Other: \$

Other Income	
Monthly Income: \$	Child Support: \$
Employer:	Interest, dividends, etc.: \$
Spouse Income: \$	Other: \$

Property Owned by Party (other than homestead, household furnishings, clothes, etc.): _____

I have the following monthly expenses:

Rent/Mortgage: _____ Food: _____
Utilities: _____ Child Care: _____
Car / Insurance: _____ Other Expenses or Debts: _____

Balance of cash or checking account (s) \$ _____ savings account (s) \$ _____

I am unable to pay court fees. I verify that the statements made in this statement are true and correct.

Party's Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Clerk of Court or Notary Public

OR

My name is _____(First) _____(M) _____(Last) my date of birth is _____, and my address is _____, _____(City), _____(ST), _____(ZIP) and _____(Country). I declare under penalty of perjury that the foregoing is true and correct.
Executed in Denton County, State of Texas, on the _____ day of _____, 20_____.

Declarant/Party