

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



Cause Number: \_\_\_\_\_  
*(The Clerk's office will fill in the Cause Number when you file this form)*

\_\_\_\_\_  
\_\_\_\_\_  
*(Print style of case as listed on the petition.)*

In the *(check one)*:  
\_\_\_\_\_  District Court  Probate Court  
Court  County Court /  Justice Court  
Number County Court at Law  
\_\_\_\_\_ Texas  
County

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

**1. 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.

<i>Name</i>	<i>Age</i>	<i>Relationship to me</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**2. Are you represented by Legal Aid? (Check ONLY ONE box)**

- 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. – OR –
- I am not represented by legal aid.

**3. Do you receive public benefits? (Check ONLY ONE box)**

- I do not receive needs-based public benefits. – OR –
- I receive these **public benefits/government entitlements**:  
*(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: \_\_\_\_\_

**4. What are your monthly income sources?**

"My take-home pay is: \$ \_\_\_\_\_ in monthly wages. I work as a \_\_\_\_\_ for \_\_\_\_\_.  
 I receive: \_\_\_\_\_ *Your job title* \_\_\_\_\_ *Your employer*  
 \$ \_\_\_\_\_ in monthly unemployment. I have been unemployed since (date) \_\_\_\_\_.  
 \$ \_\_\_\_\_ in public benefits per month.  
 \$ \_\_\_\_\_ from people in my household each month. (List for income received from people other than your spouse.)  
 \$ \_\_\_\_\_ from  Retirement/Pension  Tips, bonuses  Disability  Worker's comp  
 Social Security  Military Housing  Dividends, interest, royalties  
 Child or spousal support  Spouse's income (List if your spouse is not your opponent.)  
 \$ \_\_\_\_\_ from other jobs/sources of income. (Describe) \_\_\_\_\_  
 \$ \_\_\_\_\_ is my **total monthly** income.

**5. What is the value of your assets or property?**

"My **property** includes: **Value\***  
 Cash \$ \_\_\_\_\_  
 Bank accounts, other financial assets \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicles (cars, boats) (make and year) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other property (like jewelry, stocks, land, a 2nd house. Do not list your homestead.) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Value of Property** → \$ \_\_\_\_\_

**6. What are your monthly expenses that are not deducted from your paycheck?**

"My **monthly expenses** are: **Amount**  
 Rent/house payments/maintenance \$ \_\_\_\_\_  
 Food and household supplies \$ \_\_\_\_\_  
 Utilities and telephone \$ \_\_\_\_\_  
 Clothing and laundry \$ \_\_\_\_\_  
 Medical and dental expenses \$ \_\_\_\_\_  
 Insurance (life, health, auto, etc.) \$ \_\_\_\_\_  
 School and child care \$ \_\_\_\_\_  
 Transportation, auto repair, gas \$ \_\_\_\_\_  
 Child / spousal support \$ \_\_\_\_\_  
 Wages withheld by court order \$ \_\_\_\_\_  
 Other expenses \$ \_\_\_\_\_  
 Debt payments paid to: (List) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Monthly Expenses** → \$ \_\_\_\_\_

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

**7. 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.

**8. Ability to Pay Court Costs: (Check ONLY ONE box)**

- I cannot afford to pay court costs.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision, and I cannot afford to pay court costs.

**9. Declaration/Affidavit: (Check and complete ONLY ONE box)**

Declaration: I declare under penalty of perjury that the foregoing is true and correct.  
 My name is \_\_\_\_\_ . My date of birth is : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
 My address is \_\_\_\_\_  
 \_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Country*  
 Signature \_\_\_\_\_ signed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
 \_\_\_\_\_ *Month/Day/Year* \_\_\_\_\_ *County name* \_\_\_\_\_ *State*

Notary: I swear under penalty of perjury that the foregoing is true and correct.  
 \_\_\_\_\_  
 Your Printed Name \_\_\_\_\_ Your Signature \_\_\_\_\_  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 \_\_\_\_\_ (NOTARY)