**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 Court

And

*Court*

*Number*

County Court / County Court at Law

Justice Court

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**

**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.

*Name Age Relationship to Me*

1

2

3

4

5

6

**2. 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.

**3. 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:

**4. 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.

**5. 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** o **$ *Total* Monthly Expenses** o **$**

\*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. 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*