

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



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

Plaintiff: \_\_\_\_\_  
(Print first and last name of the person filing the lawsuit.)

And

Defendant: \_\_\_\_\_  
(Print first and last name of the person being sued.)

In the (check one):  
☐ District Court  
☐ County Court / County Court at Law  
☐ Justice Court

Court  
Number

\_\_\_\_\_  
County Texas

**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?

"My **property** includes:

**Value\***

Cash \$ \_\_\_\_\_

Bank accounts, other financial assets

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Vehicles (cars, boats) (make and year)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other property (like jewelry, stocks, land,  
another house, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total value of property** → \$ \_\_\_\_\_

#### 6. What are your monthly expenses?

"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 \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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. 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