

**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):*  
\_\_\_\_\_ Court Number  
 District Court  
 County Court / County Court at Law  
 Justice Court

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 _____	_____	_____
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