**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 # \_\_ County Court/County Court at law

Defendant: \_\_ Justice Court

*(Print first and last name of the person being sued.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Texas

*County*

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

**1. Your Information**

My full legal name is: «name» My date of birth is: «dob»

*First Middle Last Month/Day/Year*

My address is: (Home)

«address»

My phone number: «phone» My email:«email»

About my dependents: “The people who depend on me financially are listed below.

Name Age Relationship to Me

1)

2)

3)

4)

5)

**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:

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**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 → $ 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*

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