**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**

**Your Information**

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

*First Middle Last Month/Day/Year*

My address is:

«address»

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

**What is your yearly income and income sources?**

$«income» is my total yearly income.

**Household**

The number of people in my household is: «house»

**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 «name». My date of birth is: «dob»

My address is: «address»

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*signed on / / in County, Signature Month/Day/Year county name State*