

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE NO. CV- 1904-307-1

IN THE (check one):

Petitioner/
Plaintiff Matthew Dwayne Porter

☒ 271st Judicial District Court
☐ County Court at Law No. **FILED**

Respondent/
Defendant Rebecca Gloré Nance

WISE COUNTY, TEXAS 1:14 PM

FEB 25 2025

Affidavit of Indigency
(Statement of Inability to Pay Court Costs)

LOUGRECIA BIGGERSTAFF
DISTRICT CLERK-WISE COUNTY, TX
BY CJS DEPUTY

1 Your Information:

My full legal name is: Matthew Dwayne Porter My date of birth is: 01/12/1993
First Middle Last Month Day Year

My address is: (Home) 3203 Hyde Park Ct, Arlington Tx, 76015
(Mailing) _____

My phone number: 469-620-9673 My email: Mattmattpp55@gmail.com

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

	Name	Age	Relationship to Me
1	<u>Jean Edward Nance-Porter</u>	<u>8</u>	<u>Child</u>
2	<u>Katherin Ann Porter</u>	<u>N/A</u>	<u>Mother</u>
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: _____

"If you receive any of the above public benefits, attach proof and label it "Exhibit" of Public Benefits."

SCANNED

- 9 Identify below all persons residing in your current place of residence:

	Name	Age	Relationship to Me	Employed
1	Katherin Ann Port		Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No

- 10 Are you currently in jail or in a correctional institution? ☐ Yes ☒ No

If yes, provide name of institution: _____

11 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 Matthew Dewayne Porter My date of birth is : 01/12/1993
 My address is 3203 Hyde Park Ct, Arlington TX 76015 Tarrant
Matthew Porter signed on 7/25/25 in Wisc County, TX
 Signature Month Day Year County name State

Mattmattpp55@gmail.com