NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE NO. CV-1904-307-1

	IN THE (check one):
Petitioner/ Plaintiff Mothew Dewayne Brites Respondent/ Rebeca blone Names	271st Judicial District Court County Court at Law NoFILED
Respondent Rebeca blene Names	WISE COUNTY, TEXAS AM 119 PM
Affidavit of In	digency
(Statement of Inability to	Pay Court Costs) LOUCRECIA BIGGERSTAFF DISTRICT CLERK-WISE COUNTY, TX BY
Your Information:	01, 17,1993
My full legal name is: Matthew Downyne	My date of birth is: OT 12/11/13
3213 Hude Book of	Adjustan Tx 16015
My address is: (Home) 3403 //ydc 1041 Ct /	17 1/1/29
My full legal name is: <u>Matthew Downers</u> My address is: (Home) <u>3203 Hyde Brk at address</u> (Mailing) My phone number: <u>469-620-9673</u> My email: <u>Matthey</u>	My Hon 550 grail- Com
My phone number: 76/6-20-1010 My email. 71/6010	cially are listed below
About my dependents: "The people who depend on me finance	
1 Jan Edward Nance-Botor 2 Katherin Ann Poster	
2 Katherin Ann Porter	NAMother
3	
4	
5	
6	
2 Are you represented by Legal Aid?	
The being represented in this case for free by an attorn	ney who works for a legal aid provider or who
received my case through a legal aid provider. I have a gave me as 'Exhibit: Legal Aid Certificate.	ittached the certificate the legal aid provider
-or-	
I asked a legal-aid provider to represent me, and the pro- for representation, but the provider could not take my legal aid stating this.	ovider determined that I am financially eligible case. I have attached documentation from
-or-	
I am not represented by legal aid. I did not apply for rep	presentation by legal aid.
Do you receive public benefits?	
I do not receive needs-based public benefits or -	
I receive these public benefits/government entitlement (Check ALL boxes that apply and attach proof to this form, such as a decision of the such as	copy of an eligibility form or check.)
	CHIP SSI WIC AABD
 □ Public Housing or Section 8 Housing □ Telephone Lifeline □ Community Care via DA 	
Needs-based VA Pension Child Care Assistance u	
 County Assistance, County Health Care, or General Ass 	sistance (GA)
Other:	
"If you receive any of the above public benefits, attach proof	and label it "Exhibit of of Pull B

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\$\$ in monthly wages. I work as a	for	
\$ 0.00 in monthly unemployment. I have	been unemployed since Page	
\$ 0.00 in public benefits per month.	,	
	household:	
\$Retirement/Pension Ti	ps, bonuses Disability Worker's Comp ilitary Housing Dividends, interest, royalties	
\$ 0.00 from other jobs/sources of incom	R. (Describe)	
\$ 1,400 is my total monthly incom	ne.	
"My Spouse's income sources and amoun Unemployed since: (date)	725 AP	
□ Wages: Spouse work as	for(Your Employer)	
Employer's Telephone Number:	From employers	
(a) Spouse's monthly net income after taxes a	re taken out is: Total income after taxes -> \$	
(e) Spouse's TOTAL monthly income is My property includes: Value* Sh k Accounts, Other Financial Assets (List) hinc Bank Account \$ \$ \$ \$ \$ \$	7 My monthly expenses are: Amount 7 Rent/House Payment/Maintenance \$ 70 Proof and household supplies \$ 300 Proof to thing and telephone \$ 100 Proof to thing and laundry \$ 200 Proof to the supplies \$ 160 Proof to the supplies \$	0.00
sicles (cars, boats) (List make and model) Solution (Cars, boats) (List make and model)	Insurance (life, health, auto, etc) School and child care Vehicle payments Gas, bus fare, auto repair Child / Spousal Support S S S S S S S S S S S S S S S S S S	0.00
er Property (jewelry, stocks, land, house, etc.) \$\$	Wages withheld by court order S 6/6 Debt payments S Other expenses (describe) S	0. o
al value of Property → \$ 4,530 value is trig amount the item would sell for less the amount	Total Monthly Expenses → s 1,43	0
Are there debts or other facts explaining y My debts include: (List debt and amount owed)	our financial situation? Step Father -7,	43.

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Check here if you attach another page.

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

Na Na	me	Age	Relationship to Me	Employed		
1 Katherin Ar	on Post		Mother	☐ Yes	□ No	
2			101710	☐ Yes	□ No.	
3				☐ Yes	□ No	
4				☐ Yes	□ No	
5				☐ Yes	□ No	
6				☐ Yes	□ No	

10	Are you currently in jail or in		nstitution?	Yes	Ø∕No		
•	Declaration I declare under penalty of per ☐ I cannot afford to pay court ☐ I cannot furnish an appeal	costs.	100000				
	My name is Morthow		Ports			birth is : <u>02/</u>	12, 1993
	My address is 3203 Hyde		Arlington	TA		76015	Traviout
	Signature Port	signed on	25125 in_ th Day Year	State W Coun	iSc ry name	Zip CodeCounty,	Country State
	Mattmattop550	prail.com	1				