WARNING: Without the advice and help of an attorney, you may be putting yourself, your personal property, and your money at risk. To get a referral to an attorney, call the State Bar of Texas Lawyer Referral Information Service at 1-800-252-9690. If you are a victim of domestic violence, or if at any time you feel unsafe, you can get confidential help from the National Domestic Violence Hotline at 1-800-799-7233 or legal help from the Texas Advocacy Project Family Violence Legal Line at 1-800-374-4673. (Print your answers in blue ink) Cause Number: (The Clerk's office will fill in the Cause Number when you file this form) IN THE MATTER OF THE MARRIAGE OF Petitioner: In the (check one): County Court at (Print first, middle, and last name of the spouse filing for divorce) ☐ District Court Law of: Respondent: County, Texas (Print first, middle, and last name of other spouse) Affidavit of Indigency (Divorce Set 1 - Uncontested, No Minor Children, No Real Property) **WARNING:** Read all of the Instructions for Divorce Set 1 before filling out this form. The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath: "My name is My phone number is: ("My mailing address is: "I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form. Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income. "I receive these public benefits/government entitlements that are based on indigency: SSI □ WIC Food stamps/SNAP ☐ TANF Medicaid ☐ CHIP Needs-based VA Pension County Assistance, County Health Care, or General Assistance (GA) Community Care via DADS ☐ Low-Income Energy Assistance ☐ LIS in Medicare ("Extra Help") AABD Public Housing ☐ Child Care Assistance under Child Care and Development Block Grant Emergency Assistance Other: If you receive any of the above public benefits, you may attach proof to this form and label it "Exhibit: Proof of Public Benefits." "My **income sources** are stated below (check all that apply). Unemployed since: -or-Your job title Child/spousal support My spouse's income or income from another member of my household (if available) Tips, bonuses
Military Housing Worker's Comp Disability Unemployment Social Security Retirement/Pension Dividends, interest, royalties 2nd job or other income: Describe "My **income amounts** are stated below. \$ (A) My monthly take-home wages: Total amount received → \$ (B) The amount I receive each month in public benefits is: Total amount received → (C) The amount of income from other people in my household: \$ (list this income only if other members contribute to your household income) Total amount received → \$ **(D)** The amount I receive each month from **other sources** is: Total amount received → (E) My TOTAL monthly income = \$ Add all sources of income above→

| Name Age Relationship to Me 1 2 3 4 5 6 My property includes: Cash \$ "My monthly expenses are: Amount Rent/house payments/maintenance \$ Sank accounts, other financial assets (List) Food and household supplies \$ Utilities and telephone \$ S Clothing and laundry \$ Medical and dental expenses \$ Wehicles (cars, boats) (List make and year) Insurance (life, health, auto, etc.) \$ School and child care \$ Transportation, auto repair, gas \$ Child / spousal support \$ \$ Child / spousal support \$ \$ Child / spousal support | About my dependents: | | | | | |
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| Section 1. Section 1. Section 2. Section 2. Section 2. Section 2. Section 2. Section 3. Section 2. Section 3. | Other property (like jewelry, stocks, etc.) (Describe) | | · · | \$ | | |
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