

**AFFIDAVIT OF INDIGENCE (FINANCIAL INABILITY TO POST BOND
OR PAY FINE) – CLASS C MISDEMEANOR CASE**

**Form 6a -Part 2
Page 1 of 3**

No. _____

THE STATE OF TEXAS
VS.

§
§
§

IN THE JUSTICE COURT
PCT. 3
JIM WELLS COUNTY
TEXAS

**DECLARATION OF FINANCIAL INABILITY TO POST BOND OR PAY FINE IN CLASS C
MISDEMEANOR CASE**

I, _____, am the Defendant in the above –styled cause. I am not represented by counsel in this proceeding. I have no assets except the following.

EMPLOYED BY: _____

ADDRESS OF EMPLOYER: _____

MY EARNINGS ARE: \$ _____ PER WEEK \$ _____ PER MONTH

I HAVE OTHER INCOME AS FOLLOWS (STATE SOURCE AND AMOUNT):

I AM: _____ MARRIED _____ SINGLE _____ DIVORCED

NUMBER OF CHILDREN: _____ AND OTHER DEPENDENTS: _____

AMOUNT OF MONTHLY COURT ORDERED SUPPORT PAID/RECEIVED: \$ _____

I OWN THE FOLLOWING PROPERTY:

HOME (ADDRESS):

OTHER: _____

MONTHLY PAYMENTS: \$ _____ BALANCE OWED: \$ _____

I DO NOT OWN REAL ESTATE, BUT AM RENTING PREMISES LOCATED AT:

_____ MONTHLY RENTAL: \$ _____

LIST CAR/TRUCK OWNED: _____

MONTHLY PAYMENT: \$ _____ BALANCE \$ _____

NOTES, MORTGAGES, TRUST DEEDS OWNED: _____

(continued)

INFORMATION ON SPOUSE

NAME: _____

EMPLOYED BY: _____

EMPLOYER ADDRESS: _____

HIS/HER EARNINGS ARE \$ _____ PER WEEK \$ _____ PER MONTH

OTHER PERSONAL PROPERTY: (DESCRIPTION, VALUE: INCLUDE TV, STEREOS, ETC.)

I HAVE THE FOLLOWING MONEY:

\$ _____ IN JAIL
\$ _____ AT HOME
\$ _____ IN CHECKING ACCOUNT
\$ _____ IN SAVINGS ACCOUNT
\$ _____ IN SAFETY DEPOSIT BOX
\$ _____ BEING HELD/OWED TO ME
\$ _____ OTHER: _____

I (AM) (AM NOT) FREE ON BAIL. AMOUNT OF BAIL \$ _____

NAME OF PERSON WHO PAID FOR BAIL BOND:

ADDRESS OF PERSON:

I HAVE NO ABILITY TO OBTAIN CREDIT TO RAISE FUNDS WITH WHICH TO:

_____ POST A CASH OR SURETY BOND FOR RELEASE FROM CUSTODY AND
DESIRE THE COURT TO SET A PERSONAL BOND IN THIS CASE

_____ PAY THE FINE, AND I DESIRE TIME TO PAY THE FINE AT A FUTURE
DATE.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND
CORRECT.

SIGNED THIS _____ DAY OF _____, 20 _____.

SIGNATURE OF DEFENDANT

(continued)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS ____ DAY OF _____,
20_____.

Notary Public in and for the State of Texas
My commission expires: _____

ISSUED this the ____ day of _____, 20_____.

JUSTICE OF THE PEACE,
PCT. 3
JIM WELLS COUNTY
TEXAS

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)

Plaintiff: _____

(Print first and last name of the person filing the lawsuit)

In the (check one):

☐ District Court

☐ County Court at Law

☐ County Court

☐ Justice Court

And

(Court Number)

Defendant: _____

(Print first and last name of the person being sued)

(County)

Statement of Inability to Afford Payment of Court Costs

WARNING: Read Texas Rules of Civil Procedure 145 and 502.3 before filling out this form.

Part 1: Your Information

Your full name: _____

Your date of birth: _____

Your address (if the place you receive mail is different from the place you actually live, list both addresses):

Your telephone number: _____

Part 2: Representation By Legal-Aid Attorney

Only fill out this section if (a) you are being represented in this case by an attorney who works for a legal-aid provider or who received your case through a legal-aid provider; or (b) you applied for representation through a legal-aid provider and were determined to be financially eligible, but the legal-aid provider was unable to take your case. If you are not being represented in this case by a legal-aid attorney or have not sought representation through a legal-aid provider, skip to Part 3.

Check the box that applies. Attach the certificate that the legal-aid provider gave you and label it "Exhibit: Legal-Aid Certificate."

☐ "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."

-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."

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

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

Describe

\$
\$
\$
\$
= \$

1			
2			
3			
4			
5			
6			

Rent/house payments/maintenance	\$
Food and household supplies	\$
Utilities and telephone	\$
Clothing and laundry	\$
Medical and dental expenses	\$
Insurance (life, health, auto, etc.)	\$
School and child care	\$
Transportation, auto repair, gas	\$
Child / spousal support	\$
Wages withheld by court order	\$
Debt payments paid to: <i>(List)</i>	\$

\$

\$

\$

\$

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.

"My debts include: (List debt and amount owed)

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. ☐

Part 4: Verification

Important: Please complete either Option 1 or Option 2 below. You do not have to complete both. If you complete Option 1, you must sign your name before a notary public, court clerk, or another person authorized to give oaths. If you complete Option 2, you do not have to sign your name before a notary public or any other person, but you must swear that the information in this statement is true "under penalty of perjury." "Perjury" means lying to a judge, and it is a crime. If you swear that a statement is true "under penalty of perjury," and you make the statement knowing that it is false, you could be prosecuted in criminal court.

Option 1

Check all boxes that apply.

- ☐ "I cannot afford to pay any court costs."
- ☐ "I can only afford to pay some court costs. I cannot afford to pay all court costs."
- ☐ "I can only pay court costs over time in installments."

"I verify that the statements made in this form are true and correct."

by _____
(Print name of person who is signing this statement.)

Do not sign until you are in front of a notary.

Signature of Person Signing Statement

Date

Notary fills out below.

State of Texas, County of _____
(Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned notary, on this date: ____/____/20____ at ____ a.m./p.m.
month day year time (circle one)

Notary's Signature

Option 2

Check all boxes that apply.

- ☐ **"I cannot afford to pay any court costs."**
- ☐ **"I can only afford to pay some court costs. I cannot afford to pay all court costs."**
- ☐ **"I can only pay court costs over time in installments."**

My name is _____ (First) _____ (Middle) _____ (Last).

My date of birth is _____, and my address is _____ (Street),
_____ (City), _____ (State), _____ (Zip code),

and _____ (Country). I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____
(Month), _____ (Year).

Declarant