

**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."

### Part 3: Public Benefits, Income, and Debts

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  
 AABD  Public Housing  Low-Income Energy Assistance  LIS in Medicare ("Extra Help")  
 Emergency Assistance  Child Care Assistance under Child Care and Development Block Grant  
 Other: \_\_\_\_\_

If you receive any of the above public benefits, 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: \_\_\_\_\_  
Date

-or-

Wages: I work as a \_\_\_\_\_ for \_\_\_\_\_  
Your job title Your employer

- 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  2<sup>nd</sup> 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 →

= \$

#### About my dependents:

"The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

"My property includes:

	Value*
Cash	\$ _____
Bank accounts, other financial assets (List)	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) (List make and year)	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, etc.) (Describe)	\$ _____
_____	\$ _____

"My monthly expenses are:

	Amount
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: (List)	\$ _____

\_\_\_\_\_  
\$  
\_\_\_\_\_  
\$  
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