

NO: \_\_\_\_\_

Plaintiff: \_\_\_\_\_  
v. \_\_\_\_\_  
Defendant: \_\_\_\_\_

§  
§  
§

In the Justice Court of  
Williamson County, Texas  
Precinct One

**NOTICE OF APPEAL OF EVICTION JUDGMENT  
& AFFIDAVIT OF INABILITY TO PAY COSTS OF APPEAL OR  
FILE APPEAL BOND**

BEFORE ME, the undersigned authority, on this day personally appeared Defendant, \_\_\_\_\_, who, being by me duly sworn, on oath verified that the following statements are within his/her personal knowledge and are true and correct:

"My name is \_\_\_\_\_, and I reside at the property that is the subject of this lawsuit. If I have not filed a written answer, this shall constitute my answer to the lawsuit. As is permitted under Rule 92 of the Texas Rules of Civil Procedure, I generally deny the allegations of Plaintiff's petition and demand that Plaintiff prove the allegations by a preponderance of the evidence.

I wish to appeal the judgment of this court pursuant to Rule 749a of the Texas Rules of Civil Procedure and Section 24.0052 of the Texas Property Code. I hereby give notice of my appeal to the county court at law. My income, property, monthly expenses, debts, and dependents are described below:

**1. AVAILABLE INCOME**

Monthly Amount

Nature (Source or Description)

a) Net Employment:

\_\_\_\_\_

\_\_\_\_\_

b) Spouse Income (available to me):

\_\_\_\_\_

\_\_\_\_\_

c) TANF Income:

\_\_\_\_\_

\_\_\_\_\_

d) SSI/SSDI Income:

\_\_\_\_\_

\_\_\_\_\_

e) Other Income

\_\_\_\_\_

\_\_\_\_\_

**2. GOVERNMENT ENTITLEMENTS -NOT CASH BENEFITS**

a) Food Stamps:

\_\_\_\_\_

\_\_\_\_\_

b) I live in (check):

- ☐ Public housing  
☐ Privately own HUD subsidized housing  
☐ Section 8 voucher housing  
☐ Private non-subsidized housing  
☐ Not Sure

### 3. PROPERTY

Vehicles (make/yr.) \_\_\_\_\_ App. Balance of Vehicle Loan: \_\_\_\_\_  
Vehicles (make/yr.) \_\_\_\_\_ App. Balance of Vehicle Loan: \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_ Cash \_\_\_\_\_

Other real or personal property (excluding household furnishing, clothes, tools of a trade, and personal effects):

### 4. MONTHLY EXPENSES

Rent (tenant portion) _____	Food _____
Car Payment _____	Child Care/Support _____
Transportation _____	Medical/Dental _____
Insurance _____	Utilities _____
Clothing/Laundry _____	Appliance/Furniture _____
Other Necessary Expenses - Identify _____	_____
_____	_____

### 5. DEBTS (Total Owed)

Child Support: _____	Other: _____
Credit Cards: _____	Other: _____
Payday Loan: _____	Other: _____

### 6. DEPENDENTS

	AGE	RESIDENTIAL ADDRESS
Spouse _____	_____	_____
Child 1 _____	_____	_____
Child 2 _____	_____	_____
Child 3 _____	_____	_____
Child 4 _____	_____	_____
Other Dependent _____	_____	_____
Other Dependent _____	_____	_____
Other Dependent _____	_____	_____

**7. OTHER FACTS THAT SUPPORT THIS AFFIDAVIT**

(Describe unusual/unexpected medical needs, recent family emergencies, or other urgent events.)

I am unable to pay any part of the costs of appeal, file an appeal bond, or give security for appeal because of my financial condition. "

\_\_\_\_\_  
*Self Represented Litigant*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Notary Public of the State of Texas/Justice Court Clerk/Judge

**Certificate of Service**

I hereby certify that I either mailed, or hand delivered, or telefaxed, a copy of the foregoing NOTICE OF APPEAL OF EVICTION JUDGMENT & AFFIDAVIT OF INABILITY TO PAY COSTS OF APPEAL OR FILE APPEAL BOND, to the Plaintiff's agent or record, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Self Represented Litigant*