

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



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 / County Court at Law

☐ Justice Court

And

Court  
Number

Defendant: \_\_\_\_\_

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

County

Texas

**Statement of Inability to Afford Payment of  
Court Costs or an Appeal Bond**

**1. Your Information**

My full legal name is: \_\_\_\_\_ My date of birth is: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Middle Last Month/Day/Year*

My address is: (Home) \_\_\_\_\_  
(Mailing) \_\_\_\_\_

My phone number: \_\_\_\_\_ My email: \_\_\_\_\_

About my **dependents**: "The people who depend on me financially are listed below."

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

**2. Are you represented by Legal Aid?**

☐ 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. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-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. I have attached documentation from legal aid stating this.

or-

☐ I am not represented by legal aid. I did not apply for representation by legal aid.

**3. Do you receive public benefits?**

☐ I do not receive needs-based public benefits. - or -

☐ I receive these **public benefits/government entitlements** that are based on indigency:

*(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)*

☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD

☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance

☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")

☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant

☐ County Assistance, County Health Care, or General Assistance (GA)

☐ Other: \_\_\_\_\_

#### 4. What is your monthly income and income sources?

"I get this monthly income:

\$ \_\_\_\_\_ in monthly wages. I work as a \_\_\_\_\_ for \_\_\_\_\_  
Your job title Your employer

\$ \_\_\_\_\_ in monthly unemployment. I have been unemployed since (date) \_\_\_\_\_.

\$ \_\_\_\_\_ in public benefits per month.

\$ \_\_\_\_\_ from other people in my household each month: *(List only if other members contribute to your household income.)*

\$ \_\_\_\_\_ from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp  
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties  
☐ Child/spousal support  
☐ My spouse's income or income from another member of my household *(if available)*

\$ \_\_\_\_\_ from other jobs/sources of income. *(Describe)* \_\_\_\_\_

\$ \_\_\_\_\_ is my **total monthly** income.

#### 5. What is the value of your property?

"My property includes:

**Value\***

Cash \$ \_\_\_\_\_

Bank accounts, other financial assets \$ \_\_\_\_\_

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

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

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

Vehicles (cars, boats) *(make and year)* \$ \_\_\_\_\_

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

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

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

Other property (like jewelry, stocks, land, another house, etc.) \$ \_\_\_\_\_

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

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

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

**Total value of property → \$ \_\_\_\_\_**

#### 6. What are your monthly expenses?

"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 Monthly Expenses → \$ \_\_\_\_\_**

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

#### 7. Are there debts or other facts explaining your financial situation?

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

\_\_\_\_\_

\_\_\_\_\_

*(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐*

#### 8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☐ I cannot afford to pay court costs.

☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is \_\_\_\_\_ My date of birth is : \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

My address is \_\_\_\_\_  
Street City State Zip Code Country

\_\_\_\_\_ signed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
Signature Month/Day/Year county name State

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Judge Evelyn McLean  
Justice of the Peace, Pct. 3  
Williamson County, Texas**