

**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.

<b>(A) My monthly take-home wages:</b>	Total amount received →	\$
<b>(B) The amount I receive each month in public benefits is:</b>	Total amount received →	\$
<b>(C) The amount of income from other people in my household:</b> <i>(list this income only if other members contribute to your household income)</i>	Total amount received →	\$
<b>(D) The amount I receive each month from other sources is:</b>	Total amount received →	\$
<b>(E) My TOTAL monthly income</b>	Add all sources of income above →	= \$

#### About my dependents:

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

<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

"My **property** includes:

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

"My **monthly expenses** are:

	<b>Amount</b>
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