

**NOTICE OF APPEAL – STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS - CIVIL**

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF (S)

V

\_\_\_\_\_  
DEFENDANT(S)

IN THE JUSTICE COURT

PRECINCT 4

TARRANT COUNTY, TEXAS

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the above-styled and numbered cause, before the Judge of Justice Court, Precinct 4, Tarrant County, State of Texas, \_\_\_\_\_ recovered a judgment against \_\_\_\_\_ for the sum of \$ \_\_\_\_\_ and court costs \$ \_\_\_\_\_, from which judgment the appellant, **Plaintiff / Defendant (circle one)** \_\_\_\_\_ hereby gives notice of appeal of the court's ruling to the County Court at Law of Tarrant County, Texas.

Now, before me, the undersigned authority, appeared \_\_\_\_\_

**Plaintiff / Defendant (circle one)**, as appellant, enters this Notice of Appeal upon Statement of Inability

To Afford payment of Court Costs for **Appeal Bond and Filing Fee** to appeal to the County Court of Tarrant County, Texas. The appellant

is unable to pay the costs of appeal and any part thereof, or to give security thereof or any part thereof.

Witness our hands, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Appellant signature: \_\_\_\_\_

Appellant print name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (cell/home/work): \_\_\_\_\_

**Note:** Pursuant to Texas Rules Of Civil Procedure 506.1 (d), **a Statement of Inability To Afford Payment of Court Costs must be filed with this appeal bond.**

After considering this Notice of Appeal, the court finds and hereby orders that the same be **GRANTED/DENIED.**

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

\_\_\_\_\_  
**Judge Christopher Gregory- Justice Court, Precinct 4**  
**6713 Telephone Rd., Ste. 201**  
**Fort Worth, TX 76135**

Revised 07/06/2021

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF

JUSTICE COURT PRECINCT

V.

4

\_\_\_\_\_  
DEFENDANT

TARRANT COUNTY, TEXAS

**\*\*SWORN STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS\*\***

**T.R.C.P. 502**

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

**\*FAMILY/EMPLOYMENT INFORMATION\***

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Telephone Number: \_\_\_\_\_

I am (check one): \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced

Number of Children: \_\_\_\_ Any other Dependent(s) and age(s): \_\_\_\_\_

**\*PUBLIC BENEFITS, INCOME, AND DEBTS\***

“My **income sources** are stated below (check all that apply).

Unemployed since: \_\_\_\_\_

**-or-**

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

My Earnings are: \$ \_\_\_\_\_ Weekly/Bi Wkly Monthly: \_\_\_\_\_

Spouse employed by: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

His/Her Earnings Are \$ \_\_\_\_\_ Weekly/Bi Wkly Monthly: \_\_\_\_\_

I HAVE OTHER INCOME AS FOLLOWS (amount and source of income): \_\_\_\_\_

Example: child/spousal support, tips/bonuses, retirement/pension, etc.

Do you receive governmental income or subsidy: \_\_\_\_ YES \_\_\_\_ NO

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

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

- SSI                       Medicaid                       Public Housing                       Food Stamps/SNAP
- WIC                       CHIP                       Emergency Assistance                       Needs-based VA Pension
- TANF                       AABD                       LIS in Medicare                       Community Care via DADS
- County Assistance, County Health Care, or General Assistance                       Low Income Energy Assistance
- Child Care Assistance under Child Care and Development Block Grant
- Other: \_\_\_\_\_

(OVER)

Amount of Monthly Court Ordered Support: \$ \_\_\_\_\_

“My **income amounts** are stated below.

- (A) My **monthly take-home wages**:
- (B) The amount I receive each month in **public benefits** is:
- (C) The amount of income from **other people in my household**:  
*(List this income only if other members contribute to your household income)*
- (D) The amount I receive each month from **other sources** is:
- (E) My **TOTAL monthly income**:

\$ _____
\$ _____
\$ _____
\$ _____
<b>\$ _____</b>

“My **property** includes:

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

“My **monthly expenses** are:

	<b>Amount*</b>
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical/Dental expenses	\$ _____
Insurance (Life, health, auto)	\$ _____
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** = \$ \_\_\_\_\_

### 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, do not complete this section.*

*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.”

(NEXT PAGE)

**\*IF THIS IS A RESIDENTIAL EVICTION FOR NONPAYMENT OF RENT, WHEN THE STATEMENT OF INABILITY IS GRANTED, YOU ARE RESPONSIBLE FOR THE PAYMENT OF ONE MONTH'S RENT. (T.R.C.P. 510.9 and T.P.C. 24.0053)**

**\*IF YOU ARE SUCCESSFUL IN RECOVERING MONIES FOR YOUR DAMAGES, YOU ARE RESPONSIBLE FOR PAYING THE COURT COSTS ASSOCIATED WITH YOUR JUDGMENT.\*\***

**\*VERIFICATION\***

**Important:** 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 a criminal court.

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).

**DECLARATION: 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

\*\*\*For Court Use Only\*\*\*

**Note:** Pursuant to Texas Rules Of Civil Procedure 502.3 Institution of Suit (d) Contest. **Unless a certificate of Legal-Aid provider is filed, the defendant may file a contest of the Statement at any time within 7 days after the day the defendant's answer is due.**

After considering the Statement of Inability to Afford Payment of Court Costs, the court finds and hereby orders that the same be **APPROVED/DENIED.**

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

\_\_\_\_\_  
**Judge Christopher Gregory - Justice Court, Precinct 4  
6713 Telephone Rd., Ste. 201  
Fort Worth, TX 76135**