

CASE NO. _____

PLAINTIFF

JUSTICE COURT

V.

PRECINCT 4

DEFENDANT

TARRANT COUNTY, TEXAS

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

T.R.C.P. 145 and 502

WARNING: Read Texas Rules of Civil Procedure 145 and 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.

- | | | | |
|---------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> SSI | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Food Stamps/SNAP |
| <input type="checkbox"/> WIC | <input type="checkbox"/> CHIP | <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Needs-based VA Pension |
| <input type="checkbox"/> TANF | <input type="checkbox"/> AABD | <input type="checkbox"/> LIS in Medicare | <input type="checkbox"/> Community Care via DADS |
| <input type="checkbox"/> County Assistance, County Health Care, or General Assistance | | <input type="checkbox"/> Low Income Energy Assistance | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

Other: _____

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**:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

“My **property** includes:

Value*

“My **monthly expenses** are:

Amount*

Cash \$ _____

Rent/house payments/maintenance \$ _____

Bank accounts, other financial assets (List) \$ _____

Food and household supplies \$ _____

_____ \$ _____

Utilities and telephone \$ _____

_____ \$ _____

Clothing and laundry \$ _____

_____ \$ _____

Medical/Dental expenses \$ _____

Vehicles (cars, boats, etc.) (List make and year) \$ _____

Insurance (Life, health, auto) \$ _____

_____ \$ _____

School and child care \$ _____

_____ \$ _____

Transportation, auto repair, gas \$ _____

_____ \$ _____

Child/spousal support \$ _____

Other property (jewelry, stocks, animals, etc.) (Describe) \$ _____

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 Texas Property Code)**

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

VERIFICATION

Important: Please complete **Option 1** (below) or **Option 2** (on back of page). You do not have to complete both. Option 1: You must sign your name before a notary public, court clerk, or another person authorized to give oaths. 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 a 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.

Signed this _____ day of _____, 20 ____.

Affiant's Signature

***Your Daytime Phone**

State of Texas, County of _____,

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Clerk of the Justice Court/ Notary Public

Commission Expiration Date

See Option 2 on reverse side of page (OVER)

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