

CAUSE NO. CV-\_\_\_\_\_

IN THE (check one):

Petitioner/  
Plaintiff \_\_\_\_\_

- 271<sup>st</sup> Judicial District Court
- County Court at Law No. \_\_\_\_\_

Respondent/  
Defendant \_\_\_\_\_

WISE COUNTY, TEXAS

**Affidavit of Indigency**  
(Statement of Inability to Pay Court Costs)

**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.

	<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
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: \_\_\_\_\_

*"If you receive any of the above public benefits, attach proof and label it "Exhibit: Proof of Public Benefits."*

**4** "My **monthly income and income sources** are stated below. (Check all that apply)  
 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.  
 \$ \_\_\_\_\_ monthly from other people in my household: (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  
 \$ \_\_\_\_\_ from other jobs/sources of income. (Describe) \_\_\_\_\_  
 \$ \_\_\_\_\_ is my **total monthly** income.

**5** "My **Spouse's income sources and amounts** are stated below:  
 Unemployed since: (date) \_\_\_\_\_  
 OR  
 Wages: Spouse work as \_\_\_\_\_ for \_\_\_\_\_.  
(job title) (Your Employer)  
 Employer's Telephone Number: \_\_\_\_\_  
 (a) Spouse's monthly net income *after taxes* are taken out is: *Total income after taxes* → \$ \_\_\_\_\_  
 (b) Amount spouse receives each month from other sources is: *Total amount received* → + \$ \_\_\_\_\_  
*\*List this income only if other members contribute to your household income*  
 (e) Spouse's **TOTAL** monthly income is *Add all sources of income above* = \$ \_\_\_\_\_

**6** My **property** includes: Value\*  
 Cash \$ \_\_\_\_\_  
 Bank Accounts, Other Financial Assets (List) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicles (cars, boats) (List make and model) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Property (jewelry, stocks, land, house, etc.) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**7** My monthly **expenses** are: Amount  
 Rent/House Payment/Maintenance \$ \_\_\_\_\_  
 Food and household supplies \$ \_\_\_\_\_  
 Utilities and telephone \$ \_\_\_\_\_  
 Clothing and laundry \$ \_\_\_\_\_  
 Medical and dental expenses \$ \_\_\_\_\_  
 Insurance (life, health, auto, etc) \$ \_\_\_\_\_  
 School and child care \$ \_\_\_\_\_  
 Vehicle payments \$ \_\_\_\_\_  
 Gas, bus fare, auto repair \$ \_\_\_\_\_  
 Child / Spousal Support \$ \_\_\_\_\_  
 Wages withheld by court order \$ \_\_\_\_\_  
 Debt payments \$ \_\_\_\_\_  
 Other expenses (describe) \$ \_\_\_\_\_

**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).

**8** **Are there debts or other facts explaining your financial situation?**  
 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.**

9 Identify below all persons residing in your current place of residence:

	<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>	<i>Employed</i>
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No

10 Are you currently in jail or in a correctional institution?  Yes  No

If yes, provide name of institution: \_\_\_\_\_


11 **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