## NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Cause Number:					
(The Clerk's office wi	Il fill in the Ca	use Number when you file this form)			
Plaintiff:	In the	(check one):			
(Print first and last name of the person filing the lawsuit.)		☐ District Court			
And	Court Number	County Court / County Court at Law Justice Court			
Defendant:		Texas			
(Print first and last name of the person being sued.)	County				
Statement of Inability to Aff	ord Pay	ment of Court Costs			
or an Appeal Bon	d in Jus	stice Court			
1. Your Information					
My full legal name is:  First Middle		My date of birth is: / /			
First Middle	Last	Month/Day/Year			
My address is: (Home)					
My phone number:My email:					
About my dependents: "The people who depend on					
Name		Age Relationship to Me			
1					
2	***************************************				
.3					
4					
5					
6					
<ul> <li>2. Are you represented by Legal Aid?</li> <li>I am being represented in this case for free by a received my case through a legal aid provider. gave me as 'Exhibit: Legal Aid Certificate.</li> <li>-or-</li> </ul>	n attorney	who works for a legal aid provider or who			
<ul> <li>I asked a legal-aid provider to represent me, and for representation, but the provider could not to legal aid stating this.</li> <li>or-</li> </ul>	the provida ake my cas	er determined that I am financially eligible se. I have attached documentation from			
I am not represented by legal aid. I did not apply for	or represer	ntation by legal aid.			
3. Do you receive public benefits?					
I do not receive needs-based public benefits or	_				
☐ I receive these public benefits/government entite (Check ALL boxes that apply and attach proof to this form, sure Food stamps/SNAP ☐ TANF ☐ Medicate ☐ Public Housing or Section 8 Housing ☐ Low-Ing ☐ Telephone Lifeline ☐ Community Care N	tlements the control of the control	of an eligibility form or check)  CHIP SSI WIC AABD  gy Assistance Emergency Assistance  LIS in Medicare ("Extra Help")  Child Care and Development Block Grant			

4. What is your monthly incom	e and inco	me so	urces?					
"I get this monthly income:								
\$ in monthly wages I wash as								
\$in monthly wages. I work as afor								
		ve bee	n unemp	oloyed since (d	date)			
\$in public benefits per								
from other people in household income.)		old ead	ch month	1: (List only if oth	her members contribute	to your		
from Retirement/I Social Secur Child/spouse My spouse's	rity [ al support income or	] Milita	e from ar	ing Divide	nds, interest, royalt	ies (If available)		
\$from other jobs/sour	ces of inco	me. (De	escribe)		-			
\$ is my total monthly								
5. What is the value of your pro "My property includes: Cash	Valu \$	e*	"My m	onthly exper	nonthly expenses? nses are: nts/maintenance	Amount \$		
Bank accounts, other financial as	sets		Food and household supplies			\$		
	\$		Utilities and telephone			\$		
	\$		Clothir	ng and laundr	y	\$		
	\$		Medica	al and dental	expenses	\$		
Vehicles (cars, boats) (make and ye	ar)				th, auto, etc.)	\$		
	\$			and child car		\$		
	\$		Transp	ortation, auto	repair, gas	\$		
	\$			spousal supp		\$		
Other property (like jewelry, stock another house, etc.)	s, land,			withheld by				
<u>\$</u> \$			Debt payments paid to: (List)			\$		
						\$		
	\$	\$						
Total value of property	→ \$			Total Mic	onthly Expenses	\$		
*The value is the amount the item would s	ell for less the	amount	you still ov	we on it. if anythi	na. <b>Expenses</b> .	→ \$		
7. Are there debts or other facts "My debts include: (List debt and am		g your	financia	al situation?				
(If you want the court to consider other fact this form labeled "Exhibit: Additional Supp	ts, such as un orting Facts.")	Check	edical expe	enses, family emo ou attach anoth	ergencies, etc., allach a er page.	nother page to		
8. Declaration I declare under penalty of perjury I cannot afford to pay court cos I cannot furnish an appeal bond	sts.							
My name is						/ /		
My address is						'		
Street			City	State	Zip Code	Country		
	signed on_	1	/	in	County,			
Signature	Λ	Aonth/Da	ay/Year	county name		State		