

- My other income sources are:** Child/spousal support Worker's comp Disability
 Tips/bonuses Unemployment Social Security Retirement/pension
 My spouse's income or income from another member of my household (*if available*) Military housing
 Dividends/interest/royalties Other income (*Describe*): _____

4 My income amounts are :

\$ _____ is my total monthly net income from all **WAGES** after taxes are taken out
 + \$ _____ is amount of income I receive each month in **PUBLIC BENEFITS**
 _____ is the amount of income I receive **FROM OTHER PEOPLE** in my household (*List this income only if other members contribute to your household.*)
 + \$ _____
 + \$ _____ is the amount of income I receive each month from **OTHER SOURCES**.
 = \$ _____ is my **TOTAL** monthly income.

5 My property includes:

The total value* of my property is described below:

**The value is the amount the item would sell for minus the amount you still owe on it (if anything)*

	Value*
Cash	\$ _____
Bank accounts, assets	\$ _____
_____	\$ _____
Vehicles (ex: car, boat) (<i>make, model, year</i>)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Real estate (ex: house, land)	
_____	\$ _____
_____	\$ _____
Other property (<i>jewelry, stocks</i>):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total value of property = \$ _____

6 My Debts include:

	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____

7 My monthly expenses are:

	Amount
Rent/house payments, maintenance	\$ _____
Food, household supplies	\$ _____
Utilities, telephone, cell phone	\$ _____
Clothing, laundry	\$ _____
Medical/dental expenses	\$ _____
Insurance (ex: life, health, auto)	\$ _____
School/child care	\$ _____
Vehicle payment(s)	\$ _____
Gas, bus fare, auto repair	\$ _____
Child/spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments	\$ _____
Other expenses:	\$ _____

Total monthly expenses = \$ _____

8 To list any other facts you want the Court to know (ex: unusual medical expenses, family emergencies), attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. →

Unsworn Declaration in Lieu of Notarized Statement (Texas CPRC 132.001)

My Name is: _____ My date of birth is: _____

My address is: _____

My email address is: _____

If an inmate:

My inmate identification number is _____ I am incarcerated at: _____

Facility Name and Address _____

I declare under penalty of perjury that all information in this Unsworn Affidavit of Indigency and Request for Court-Appointed Attorney is within my personal knowledge and is true and correct.

Completed and formally signed on _____ (date) in _____ County _____ State

Signature _____

<p>(For Court Use Only) Date: _____</p> <p><input type="checkbox"/> Qualifies for court-appointed attorney.</p> <p><input type="checkbox"/> Does NOT qualify for court-appointed attorney.</p>
