NOTICE: THIS FORM CONTAINS SENSITIVE DATA.

Check all boxes that apply. PRINT your answers.

of Brazos Affidavit of Indigency and Request for Court-Appointed Attorney I am unable to pay court costs. I declare under penalty of perjury that the statements ma Indigency are true and correct. My name is:	Country Country rvices (DFPS). ildren in the suit.
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Address Middle Last Address is:	Country Country
First Middle Last My address is:	rvices (DFPS). ildren in the suit.
Address is:	rvices (DFPS). ildren in the suit.
Address City State Zip can be reached by telephone at: () or () or () My date of birth is:/ My email address is: or () Yes No This lawsuit was filed by the Texas Department of Family & Protective Ser Yes No I am named in the lawsuit as a parent or alleged parent of one or more chi Yes No I oppose the actions sought by DFPS in this lawsuit to terminate or limit my Yes No I am asking the Court to appoint a court-paid attorney to represent me.	rvices (DFPS). ildren in the suit.
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 List each of the people other than yourself who live in your household. Name Age Relationship to me 	Do you provide mo than half of their financial support?
a)	Yes 🗌 No
b)	
c)	_ □ Yes □ No □ Yes □ No
	$\frac{1}{1} \text{ Yes } \text{ No}$
f)	
I currently receive these public benefits/government entitlements that are based o	on indigency:
(Check all that apply) Emergency Assistance Food Stamps/SNAP LIS in Medicare ("Extra Help")	
SSI Community Care via DADS	
TANF Needs-based VA Pension	
WIC Low-Income Energy Assistance	
 Medicaid County Assistance, County Health Care, or Ger CHIP Child Care Assistance via Child Care and Deve 	
	•
ABD (Describe and attach proof)	
PR 🗌 I do NOT received public benefits based on indigency.	
My income sources are:	
Wages Job Title Employer's	s Name
st job: I work as a for	
nd job: I work as a for	
Dr I am unemployed. I have been unemployed since: (date) / /	

OTICE: THIS FORM	M CONTAINS SEI	VSITIVE DATA.	Judicial Distric	ct Court – Revised 12/15/15
My other income sources are: Child/spousal support			ort 🛛 Worker's comp	Disability
Tips/bonuses		Unemployment	Social Security	Retirement/pension
My spouse's in	come or income fr	om another membe	er of my household <i>(if available)</i>	Military housing
Dividends/inter	est/royalties	Other income (Desc	ribe):	
My income an	nounts are :			
\$	is my total mont	thly net income from	n all WAGES after taxes are tak	en out
+ \$	_ is amount of inc	ome I receive each	month in PUBLIC BENEFITS	
+ \$		f income I receive F contribute to your hou	ROM OTHER PEOPLE in my h usehold.)	ousehold (List this income only
+ \$	_ is the amount o	f income I receive e	ach month from OTHER SOUR	CES.
= \$	is my TOTAL m	onthly income.		
• My property	includes:		6 My Debts include:	Amount Owed
The total value* of my property is described below: *The value is the amount the item would sell for minus the amount you			:	\$
The value is the am still owe on it (if anyti		ell for minus the amount y Value	/0U	\$
Cash		\$		¢
Bank accounts, ass	ets	\$		\$
		\$	My monthly expenses a	are: Amount
Vehicles (ex: car, boat) (make, model, year)		year)	Rent/house payments, main	tenance \$
		\$		\$
		\$	_ Utilities, telephone, cell phor	*
\$ Real estate <i>(ex: house, land)</i>		\$	_ Clothing, laundry Medical/dental expenses	\$ ¢
	use, lanuj	\$	Insurance (ex: life, health, a	\$ auto) \$
		\$	School/child care	\$
Other property (jew	elry, stocks):		Vehicle payment(s)	\$
		\$	Gas, bus fare, auto repair	\$
		\$	Child/spousal support	\$
		\$	_ Wages withheld by court orc	
		\$	_ Debt payments Other expenses:	\$ \$
8 To list any other to this form and labe	el it " <u>Exhibit: Addition</u>	Court to know (ex: ununinal Supporting Facts."	Total monthly ensual medical expenses, family eme ' Check here if you attach another f	rgencies), attach another page page. → □
y Name is:			My date of bi	rth is:
/ address is:				
y email address is:				
If an My inmate identification number is				ated at:
Inmate:	Name and Address			
declare under per	<u>nalty of perjury th</u>		in this Unsworn Affidavit of I	
	-	my personal know	vledge and is true and correct	
completed and form	nally signed on	(date)	in County Name	County <u>State</u>
•			· · · · · · · · · · · · · · · · · · ·	ate:
				–
Signature			Qualifies for court-appointed at Does NOT qualify for court-app	•