

Affidavit of Inability to Pay Costs for Appeal

Case No. _____ § In the Justice Court of
_____ § Harris County, Texas
Plaintiff §
vs. §
_____ § Precinct _____, Place _____
Defendant §

My name is _____. I unable to pay the costs of appeal or to file an appeal bond in order to appeal the Judgment entered on _____.

In order to appeal this proceeding, I am giving the following information under oath:

I am unable to pay the court costs. I verify that the statements made in this Affidavit are true and correct.

Identity

Full Name:	
Address: _____ City, State, and Zip Code	
Home Telephone:	Cellular Phone:
Former Address:	
Date of Birth:	Place of Birth:
Employer:	
Employment Address:	
Work Telephone:	Job Title or Duties:
Supervisor's Name:	

Spouse's Name:	
Spouse's Address: _____ City, State, and Zip Code	
Spouse's Home Telephone:	Spouse's Cellular Phone:
Spouse's Employer:	
Spouse's Employment Address:	
Spouse's Work Telephone:	Spouse's Supervisor's Name:

Income

Monthly earnings:		
Other income: Description:		Amount:

Spouse's Income

Spouse's monthly earnings:		
Other income: Description:		Amount:

Government Entitlement Income

<i>Unemployment Benefits</i>	<i>Benefit Amount</i>
AFDC:	
Social Security:	
Disability:	
Veteran's Benefits:	
Child Support:	

Other Entitlement Benefits:	Amount:
-----------------------------	---------

All Other Income

Description:	Amount:
--------------	---------

Accounts in Financial Institutions

Checking Accounts: Financial Institution:	Account Number:	Current Balance:
Saving Accounts: Financial Institution:	Account Number:	Current Balance:

Real Property Owned other than Homestead

Description:	Address:	Value:
--------------	----------	--------

Personal Property *(other than household furnishings, clothes, tools of a trade, or personal effects)*

Description:	Value:
--------------	--------

Debts

Description:	Total Due:	Monthly Payment:
<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>

Monthly Expenses (for example, food, transportation, child care, health care, etc.)

Description:	Amount:
<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>

Dependants

Name:	Address:	Age:	Relationship:
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>

Date Completed

Signature

THE STATE OF TEXAS
COUNTY OF HARRIS

§
§

BEFORE ME, the undersigned authority, on this day personally appeared _____, who upon oath, stated that he/she is making this Affidavit and that the information provided is true and correct.

SWORN TO AND SUBSCRIBED before me on _____.

NOTARY PUBLIC, State of Texas

Note: A person determined by the Court to be indigent may appeal a Small Claims Judgment by filing an Affidavit with the Justice of the Peace, stating the inability to pay costs. The Affidavit must be filed within five (5) days from the date of the judgment. Notice must be given to the other party of the filing of the affidavit. The affidavit of inability to pay must satisfy the requirements of Texas Rules of Civil Procedure, Rule 145. Rule 145 requires that the affidavit contain complete information as to the party’s identity, nature and amount of governmental entitlement income, nature and amount of employment income, other income (interest, dividends, etc.), spouse’s income if available to the party, property owned (other than homestead), cash or checking account, dependents, debts, and monthly expenses. The affidavit must also state that the party is unable to pay the court costs, and that the statements made in the affidavit are true and correct. The affidavit must be sworn before a notary public.