

IN THE GUARDIANSHIP OF \_\_\_\_\_,  
AN INCAPACITATED PERSON

§  
§  
§

IN PROBATE COURT  
NO. \_\_\_\_ OF  
DALLAS COUNTY, TEXAS

**AFFIDAVIT OF INABILITY TO PAY COURT COSTS AND AD LITEM FEES**

STATE OF TEXAS §  
COUNTY OF DALLAS §

The undersigned appeared before me, a notary public, and after being duly sworn, declared the following:

“I, \_\_\_\_\_, (“Applicant”), declare that the Ward named above **does not** have sufficient assets and income to pay court costs and ad litem fees in this guardianship proceeding. In support of such conclusion, I am aware of the following information concerning the Ward:

**(Please put N/A by all items that do not apply. When this affidavit is complete, there should be no blanks. Use a separate sheet if extra space is needed – all income, expense and assets should be listed.)**

**1. Ward’s Monthly Income**

- Social Security Retirement Income \$ \_\_\_\_\_
- Social Security Survivor Income \$ \_\_\_\_\_
- Social Security Disability Income (SSDI) \$ \_\_\_\_\_
- Supplemental Security Income (SSI) \$ \_\_\_\_\_
- Payments received from Trust Funds \$ \_\_\_\_\_
- Payments received from Special Needs Trusts \$ \_\_\_\_\_
- Veteran’s Administration Benefits (VA but not ANA) \$ \_\_\_\_\_
- IRA (all types) and 401(k) payments \$ \_\_\_\_\_
- Investment Income and Dividends \$ \_\_\_\_\_
- Annuity payments \$ \_\_\_\_\_
- Pensions \$ \_\_\_\_\_
- Railroad Retirement / Teacher’s Retirement payments \$ \_\_\_\_\_
- All other Retirement payments \$ \_\_\_\_\_
- Child Support payments \$ \_\_\_\_\_
- Oil and Gas Royalties \$ \_\_\_\_\_
- Other sources of income \$ \_\_\_\_\_

<b>TOTAL OF ALL MONTHLY INCOME</b>	<b>\$ _____</b>
------------------------------------	-----------------

**2. Does the Ward reside in a nursing home or a facility? Y\_\_\_ N\_\_\_**

Does the Ward receive any government assistance to pay for their residential care? Y\_\_\_ N\_\_\_

Does the Ward receive Medicaid Benefits? Y\_\_\_ N\_\_\_

Name of Ward’s Representative Payee? \_\_\_\_\_

Address of Representative Payee: \_\_\_\_\_

**3. Ward's Assets (list value)**

Home	\$ _____
Mortgage	\$ _____
Trust or Special Needs Trust Fund Corpus	\$ _____
Bank Accounts	\$ _____
Certificates of Deposits	\$ _____
IRAs	\$ _____
401(k)s	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Mutual Funds	\$ _____
Other Investment/Retirement Accounts	\$ _____
Rental Property	\$ _____
Mortgages	\$ _____
Motor Vehicles (cars, trucks, motorcycles, etc.)	\$ _____
Mobile Homes	\$ _____
Other (trailer, boat, camper, guns, collections, etc.)	\$ _____
Oil, Gas, and Mineral properties	\$ _____
Structure Settlements	\$ _____
Real Estate Lien Notes	\$ _____
Other (not listed above)	\$ _____

<b>TOTAL VALUE OF ALL ASSETS</b>	<b>\$ _____</b>
----------------------------------	-----------------

**4. Ward's Monthly Expense**

Rent Payment	\$ _____
Car Payment	\$ _____
Transportation Costs	\$ _____
Insurance	\$ _____
Food	\$ _____
Utilities	\$ _____
Medical/Dental	\$ _____
Clothing/Laundry	\$ _____
Expenses not listed above:	\$ _____
Creditor _____	\$ _____

<b>TOTAL OF ALL MONTHLY EXPENSES</b>	<b>\$ _____</b>
--------------------------------------	-----------------

**“I swear under penalty of perjury that the above information is complete and correct.”**

\_\_\_\_\_  
Applicant's signature

SUBSCRIBED AND SWORN TO BEFORE ME by \_\_\_\_\_ on this  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (printed name of Applicant signing the affidavit)

\_\_\_\_\_  
Notary's signature

