NOTICE: THIS FORM CONTAINS SENSITIVE DATA.

Cause Number: (The	Clerk's office will fill in the Cause Number when yo	ou file this form.)
Petitioner/	In the (check one):	
Plaintiff		ct Court
		ty Court at Law e of the Peace
Respondent/ Defendant		County, Texas
Delendant	(County)	
	Affidavit of Indigency (Request to Not Pay Court Fees)	
Use this form to ask the court not to charge you for court fees. This form is	You must either 1) sign this form in front of a notary public <u>or</u> 2) sign this	You can be prosecuted if you lie on this form.
also called an "Affidavit of Inability to Pay Court Costs" or a "Pauper's Oath." You can only use this form if: (1) you get public benefits because you are poor or (2) you can't pay court fees. The information you give on this form must be current, complete, true and correct.	form and sign and attach a completed "Unsworn Declaration" form. By signing in front of a notary, you swear under oath that the information provided is true and correct. By signing and attaching an "Unsworn Declaration" form, you declare under penalty of perjury that the information provided is true and correct.	The court may or may not approve this request to not pay court fees. The courd may order you to answer questions about your finances at a hearing. At that hearing you will have to present evidence to the judge of your income and expenses to prove that you have ability to pay court fees.
${\scriptstyle \textcircled{0}}$ The person who signed this affida under oath:	vit appeared, in person, before me, th	e undersigned notary, and stated
<i>"</i> •••	My phone	e number is () -
	My phone	
"My email address is		
costs. The nature and amount of my ind Check ALL boxes that apply and fill in the blanks ② "I receive these public benefits /gov SSI WIC Food Stam Needs-based VA Pension C LIS in Medicare ("Extra Help") Emergency Assistance Child Public Housing Other: (Description)	ounty Assistance, County Health Care, o Community Care via DADS L Care Assistance under Child Care and (be) ve public benefits, attach proof and label it "Exhibit	re described in this form. indigency: GOUDE CHIP AABD or General Assistance (GA) ow-Income Energy Assistance Development Block Grant
③ "My income sources are stated bel		
Unemployed since: (date)	-or-	
-		Your employer
Unemployed since: (date)	-or- for	1 5
 Unemployed since: (date) Wages: I work as a Child/spousal support My spous 	-or- for Your job title e's income or income from another men	nber of my household <i>(if available)</i>
 Unemployed since: (date) Wages: I work as a Child/spousal support My spous 	-or- for Your job title e's income or income from another men	nber of my household <i>(if available)</i>
 Unemployed since: (date) Wages: I work as a Child/spousal support My spous Tips, bonuses Military Housing 	-or- for <i>Your job title</i> e's income or income from another men Worker's Comp Disability Un nterest, royalties 2 nd job or other inco	ber of my household (if available)
 Unemployed since: (date) Wages: I work as a Child/spousal support My spous Tips, bonuses Military Housing Retirement/Pension Dividends, in 	-or- for Your job title e's income or income from another men Worker's Comp Disability Un nterest, royalties 2 nd job or other inco	nber of my household <i>(if available)</i>
 Unemployed since: (date) Wages: I work as a Child/spousal support My spous Tips, bonuses Military Housing Retirement/Pension Dividends, in "My income amounts are stated be (a) My monthly net income after taxes at (b) The amount I receive each month in 	-or- for Your job title e's income or income from another men Worker's Comp Disability Un interest, royalties 2 nd job or other inco low. are taken out is: public benefits is: 7	aber of my household <i>(if available)</i> employment Social Security ome:
 Unemployed since: (date) Wages: I work as a Child/spousal support My spous Tips, bonuses Military Housing Retirement/Pension Dividends, in "My income amounts are stated be (a) My monthly net income after taxes and be 	-or- for Your job title e's income or income from another mem Worker's Comp Disability Un Interest, royalties 2 nd job or other inco low. are taken out is: To a public benefits is: 7 eople in my household is:* 7	aber of my household (if available) employment □ Social Security ome:

(e) My TOTAL monthly income is Add all so *List this income only if other members contribute to your household income.

= \$

Add all sources of income above \rightarrow

S About my *dependents*: "The people who depend on me financially are listed below:

About my appendente. The people who append on the interiorally are noted below.					
	Name		Age	Relationship to Me	
1					
2					
3					
4					
5					
6					

6 "My property includes:	Value*	${ar { { O } } }^{ m ``My}$ monthly expenses are:	Amount
Cash	\$	Rent/house payments/maintenance	\$
ank accounts, other financial assets (List)		Food and household supplies	\$
	\$	Utilities and telephone	\$
	\$	Clothing and laundry	\$
	\$	Medical and dental expenses	\$
Vehicles (cars, boats) (List make and year)		Insurance (life, health, auto, etc)	\$
	\$	School and child care	\$
	\$	Vehicle payments	\$
		Gas, bus fare, auto repair	\$
	\$	Child / spousal support	\$
Real estate (house or land) (Do not list the house you live in.)		Wages withheld by court order	\$
	\$	Debt payments	\$
	\$	Other expenses (Describe)	\$
Other property (like jewelry, stocks, etc.) (Describe)			\$
	\$		\$
	\$		\$
Total value of proper		Total monthly Expenses –	= \$
*The value is the amount the item would	I sell for less the amount you	still owe on it (if anything)	

the amount the item would sell for less the amount you still owe on it (if anythin

® "My debts include: List debt and amount owed.

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To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page.

(9) "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."

¹⁰ Your Signature. You must either: 1) sign this form in front of a notary public <u>or</u> 2) sign this form and sign and attach a completed "Unsworn Declaration" form.

Your Signature	_		Date
State of Texas County of Print the name of county where this Affidavit is notarized.	Notary fills out this s are signing in front o 		Notary stamp here
Sworn to and subscribed before me today,	, by	Print name of nerson v	who is signing this Affidavit.
Notary's Signature	Date	NOT the notary's name	