

CAUSE NO. CV-_____

IN THE (check one):

Petitioner/
Plaintiff _____

- 271st Judicial District Court
- County Court at Law No. _____

Respondent/
Defendant _____

WISE COUNTY, TEXAS

Affidavit of Indigency
(Statement of Inability to Pay Court Costs)

1 Your Information:

My full legal name is: _____ My date of birth is: ____/____/____
First Middle Last Month/Day/Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

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

	<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

2 Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

-or-

I am not represented by legal aid. I did not apply for representation by legal aid.

3 Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
- Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
- Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)
- Other: _____

"If you receive any of the above public benefits, attach proof and label it "Exhibit: Proof of Public Benefits."

4 "My **monthly income and income sources** are stated below. (Check all that apply)
 I get this monthly income:
 \$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer
 \$ _____ in monthly unemployment. I have been unemployed since (date) _____.
 \$ _____ in public benefits per month.
 \$ _____ monthly from other people in my household: (List only if other members contribute to your household income.)
 \$ _____ from Retirement/Pension | Tips, bonuses | Disability Worker's Comp
 Social Security | Military Housing | Dividends, interest, royalties
 Child/spousal support
 \$ _____ from other jobs/sources of income. (Describe) _____
 \$ _____ is my **total monthly** income.

5 "My **Spouse's income sources and amounts** are stated below:
 Unemployed since: (date) _____
 OR
 Wages: Spouse work as _____ for _____.
(job title) (Your Employer)
 Employer's Telephone Number: _____
 (a) Spouse's monthly net income *after taxes* are taken out is: *Total income after taxes* → \$ _____
 (b) Amount spouse receives each month from other sources is: *Total amount received* → + \$ _____
**List this income only if other members contribute to your household income*
 (e) Spouse's **TOTAL** monthly income is *Add all sources of income above* = \$ _____

6 My **property** includes: Value*
 Cash \$ _____
 Bank Accounts, Other Financial Assets (List) \$ _____
 _____ \$ _____
 _____ \$ _____
 Vehicles (cars, boats) (List make and model) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Other Property (jewelry, stocks, land, house, etc.) \$ _____
 _____ \$ _____
 _____ \$ _____

7 My monthly **expenses** are: Amount
 Rent/House Payment/Maintenance \$ _____
 Food and household supplies \$ _____
 Utilities and telephone \$ _____
 Clothing and laundry \$ _____
 Medical and dental expenses \$ _____
 Insurance (life, health, auto, etc) \$ _____
 School and child care \$ _____
 Vehicle payments \$ _____
 Gas, bus fare, auto repair \$ _____
 Child / Spousal Support \$ _____
 Wages withheld by court order \$ _____
 Debt payments \$ _____
 Other expenses (describe) \$ _____

Total value of Property → \$ _____ **Total Monthly Expenses** → \$ _____

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

8 **Are there debts or other facts explaining your financial situation?**
 My **debts** include: (List debt and amount owed) _____

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 Identify below all persons residing in your current place of residence:

	<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>	<i>Employed</i>
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No

10 Are you currently in jail or in a correctional institution? Yes No

If yes, provide name of institution: _____


11 **Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is _____ . My date of birth is : ___/___/_____.

My address is _____
Street City State Zip Code Country

 signed on ___ / ___ / ___ in _____ County, _____
Signature Month/Day/Year County name State