

CASE NO. \_\_\_\_\_

PLAINTIFF

JUSTICE COURT

V.

PRECINCT 1

DEFENDANT

TARRANT COUNTY, TEXAS

**\*\*STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS\*\***

**T.R.C.P. 145 and 502**

**WARNING:** Read Texas Rules of Civil Procedure 145 and 502.3 before filling out this form.

**\*FAMILY/EMPLOYMENT INFORMATION\***

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Telephone Number: \_\_\_\_\_

I am (check one): \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced

Number of Children: \_\_\_\_ Any other Dependent(s) and age(s): \_\_\_\_\_

**\*PUBLIC BENEFITS, INCOME, AND DEBTS\***

“My **income sources** are stated below (check all that apply).

Unemployed since: \_\_\_\_\_

**-or-**

Wages: I work as a \_\_\_\_\_ for \_\_\_\_\_  
Your Job title Your employer

My Earnings are: \$ \_\_\_\_\_ Weekly/Bi Wkly Monthly: \_\_\_\_\_

Spouse employed by: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

His/Her Earnings Are \$ \_\_\_\_\_ Weekly/Bi Wkly Monthly: \_\_\_\_\_

I HAVE OTHER INCOME AS FOLLOWS (amount and source of income): \_\_\_\_\_

Example: child/spousal support, tips/bonuses, retirement/pension, etc.

Do you receive governmental income or subsidy: \_\_\_\_ YES \_\_\_\_ NO

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

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

- SSI                       Medicaid                       Public Housing                       Food Stamps/SNAP
- WIC                       CHIP                       Emergency Assistance                       Needs-based VA Pension
- TANF                       AABD                       LIS in Medicare                       Community Care via DADS
- County Assistance, County Health Care, or General Assistance                       Low Income Energy Assistance
- 
-

Other: \_\_\_\_\_

Amount of Monthly Court Ordered Support: \$ \_\_\_\_\_

“My **income amounts** are stated below.

(A) My **monthly take-home wages**:

(B) The amount I receive each month in **public benefits** is:

(C) The amount of income from **other people in my household**:

*(List this income only if other members contribute to your household income)*

(D) The amount I receive each month from **other sources** is:

(E) My **TOTAL monthly income**:

\$ _____
\$ _____
\$ _____
\$ _____
<b>\$ _____</b>

“My **property** includes:

**Value\***

“My **monthly expenses** are:

**Amount\***

Cash \$ \_\_\_\_\_

Rent/house payments/maintenance \$ \_\_\_\_\_

Bank accounts, other financial assets (List) \$ \_\_\_\_\_

Food and household supplies \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Utilities and telephone \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Clothing and laundry \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Medical/Dental expenses \$ \_\_\_\_\_

Vehicles (cars, boats, etc.) (List make and year) \$ \_\_\_\_\_

Insurance (Life, health, auto) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

School and child care \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Transportation, auto repair, gas \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Child/spousal support \$ \_\_\_\_\_

Other property (jewelry, stocks, animals, etc.) (Describe) \$ \_\_\_\_\_

Wages withheld by court order \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Debt payments paid to: (List) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\* **Total value of property** = \$ \_\_\_\_\_

\***Total monthly expenses** = \$ \_\_\_\_\_

**Representation By Legal-Aid Attorney**

Only fill out this section if **(a)** you are being represented in this case by an attorney who works for a legal-aid provider or who received your case through a legal-aid provider; or **(b)** you applied for representation through a legal-aid provider and were determined to be financially eligible, but the legal-aid provider was unable to take your case. If you are not being represented in this case by a legal-aid attorney or have not sought representation through a legal-aid provider, do not complete this section.

Check the box that applies. Attach the certificate that the legal-aid provider gave you and label it “Exhibit: Legal-Aid Certificate.”

“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.”

**-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."

(NEXT PAGE)

**\*IF THIS IS A RESIDENTIAL EVICTION FOR NONPAYMENT OF RENT, WHEN THE STATEMENT OF INABILITY IS GRANTED, YOU ARE RESPONSIBLE FOR THE PAYMENT OF ONE MONTH'S RENT. (T.R.C.P. 510.9 and T.P.C. 24.0053 Texas Property Code)**

**\*IF YOU ARE SUCCESSFUL IN RECOVERING MONIES FOR YOUR DAMAGES, YOU ARE RESPONSIBLE FOR PAYING THE COURT COSTS ASSOCIATED WITH YOUR JUDGMENT.\*\***

**\*VERIFICATION\***

**Important:** Please complete **Option 1** (below) or **Option 2** (on back of page). You do not have to complete both. Option 1: You must sign your name before a notary public, court clerk, or another person authorized to give oaths. Option 2: You do not have to sign your name before a notary public or any other person, but you must swear that the information in this statement is true "under penalty of perjury." "Perjury" means lying to a judge, and it is a crime. If you swear that a statement is true "under penalty of perjury," and you make the statement knowing that it is false, you could be prosecuted in a criminal court.

**Option 1:**

*Check all boxes that apply.*

- "I cannot afford to pay any court costs."
- "I can only afford to pay some court costs. I cannot afford to pay all court costs."
- "I can only pay court costs over time in installments."

**"I verify that the statements made in this form are true and correct."**

By \_\_\_\_\_  
*(Print name of person who is signing this statement)*

***Do not sign until you are in front of a notary.***

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
**\*Your Daytime Phone**

State of Texas, County of \_\_\_\_\_,

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Clerk of the Justice Court/ Notary Public

\_\_\_\_\_  
Commission Expiration Date

See Option 2 on reverse side of page (OVER)

**Option 2:**

Check all boxes that apply.

- “I cannot afford to pay any court costs.”
- “I can only afford to pay some court costs. I cannot afford to pay all court costs.”
- “I can only pay court costs over time in installments.”

My name is \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

My date of birth is \_\_\_\_\_, and my address is \_\_\_\_\_

\_\_\_\_\_ (Street), \_\_\_\_\_ (City), \_\_\_\_\_ (State),

\_\_\_\_\_ (Zip Code), and \_\_\_\_\_ (Country). I declare under penalty of perjury

that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_

(Month), \_\_\_\_\_ (Year).

\_\_\_\_\_  
Declarant