



FKCPG'VTCWO CP
COUNTY CLERK, HARRIS COUNTY, TEXAS
CIVIL COURTS DEPARTMENT

WARNING: Without the advice and help of an attorney, you may be putting yourself, your personal property, and your money at risk. To get a referral to an attorney, call the State Bar of Texas Lawyer Referral Information Service at 1-800-252-9690. If you are a victim of domestic violence, or if at any time you feel unsafe, you can get confidential help from the National Domestic Violence Hotline at 1-800-799-7233 or legal help from the Texas Advocacy Project Family Violence Legal Line at 1-800-374-4673.

(Print your answers in blue ink)

Case Number: _____
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: _____
(Print first and last name of the person filing the Lawsuit)

In the (check one):

- District Court
- County Court at Law
- County Court
- Justice Court

And

(Court Number)

Defendant: _____
(Print first and last name of the person being sued)

(County)

Statement of Inability to Afford Payment of Courts Costs

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

Part 1: Your Information

Your full name: _____

Your date of birth: _____

Your address (if the place you receive mail is different from the place you actually live, list both addresses):

Your telephone number: _____

Part 2: 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, skip to Part 3

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."

Part 3: Public Benefits, Income, and Debts

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

- “I receive these public benefits/government entitlements that are based on indigency: SSI WIC
- Food stamps/SNAP TANF Medicaid CHIP Needs-based VA Pension
- County Assistance, County Health Care, or General Assistance (GA) Community Care via DADS
- AABD Public Housing Low-Income Energy Assistance LIS in Medicare (“Extra Help”)
- Emergency Assistance Child Care Assistance under Child Care and Development Block Grant
- Other: _____

If you receive any of the above public benefits, attach proof to this form and label it “Exhibit: Proof of Public Benefits.”

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

Unemployed since: _____
Date

-or-

Wages: I work as a _____ for _____
Your job title Your employer

- Child/spousal support My spouse’s income or income from another member of my household (if available)
- Tips, bonuses Military Housing Worker’s Comp Disability Unemployment Social Security
- Retirement/Pension Dividends, interest, royalties 2nd job or other income: _____
Describe

“My income amounts are stated below.

(A) My monthly take-home wages:	Total amount received	→	\$
(B) The amount I receive each month in public benefits is:	Total amount received	→	\$
(C) The amount of income from other people in my household: <i>(list this income only if other members contribute to your household income)</i>	Total amount received	→	\$
(D) The amount I receive each month from other sources is:	Total amount received	→	\$
(E) My TOTAL monthly income	Add all sources of income above	→	= \$

About my dependents:

“The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

“My property includes:

	Value*
Cash	\$ _____
Bank accounts, other financial assets (List)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Vehicle (cars, boats) (List make and year)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, etc.) (Describe)	\$ _____
_____	\$ _____

“My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child/spousal support	\$ _____
Wage withheld by court order	\$ _____
Debt payments paid to: (List)	\$ _____

\$

\$

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.

“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 attached another page.

Party 4: Verification

Important: Please complete either Option 1 or Option 2 below. You do not have to complete both. If you complete Option 1, you must sign your name before a notary public, court clerk, or another person authorized to give oaths. If you complete 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 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.



Signature of Person Signing Statement

Date

Notary fills out below.

State of Texas, County of _____
(Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned notary, on this date: _____ / _____ / 20____ at _____ a.m./p.m.
month day year time (circle one)



Notary’s Signature

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 _____ (County). 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