## **NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

Cause Number:	ill fill in the Co	use Number when you file this form)
Plaintiff:  (Print first and last name of the person filing the lawsuit.)	In the	(check one):
And	Court Number	☐ County Court / County Court at Law☐ Justice Court
Defendant:	County	Texas
Statement of Inability Court Costs or		-
1. Your Information		
My full legal name is:  First Middle	Last	My date of birth is:/_/ Month/Day/Year
My address is: (Home)		·
My phone number:My email:		
About my <b>dependents:</b> "The people who depend on		
Name	THE IIIIane	Age Relationship to Me
1		
2		
34_		
5		
6		
<ul> <li>2. Are you represented by Legal Aid?</li> <li>I am being represented in this case for free by a received my case through a legal aid provider. gave me as 'Exhibit: Legal Aid Certificate.</li> <li>-or-</li> <li>I asked a legal-aid provider to represent me, and for representation, but the provider could not the p</li></ul>	I have atta	ached the certificate the legal aid provider ler determined that I am financially eligible
legal aid stating this.	and my da	se. Thave allached accumentation from
I am not represented by legal aid. I did not apply	for represer	ntation by legal aid.
3. Do you receive public benefits?		
I do not receive needs-based public benefits o		
☐ Telephone Lifeline ☐ Community Care	uch as a copy aid [] ( ncome Ener via DADS ance under	rof an eligibility form or check.)  CHIP SSI WIC AABD  rgy Assistance Emergency Assistance  LIS in Medicare ("Extra Help")  Child Care and Development Block Grant

4. What is your monthly income	and income so	ources?	
"I get this monthly income:			
\$in monthly wages. I we	ork as a	for	
		o title Your employer en unemployed since (date)	
\$ in public benefits per r	month		
\$ from other people in m		ach month: (List only if other members contribute a	to your
	ty	s, bonuses Disability Worke tary Housing Dividends, interest, royaltine from another member of my household	ies (If available)
\$from other jobs/sourc	es of income. (L	Describe)	
\$ is my total monthly in	ncome.		
5. What is the value of your prop "My property includes: Cash	perty? Value* \$	6. What are your monthly expenses? "My monthly expenses are: Rent/house payments/maintenance	Amount
Bank accounts, other financial ass		Food and household supplies	\$
Darin accounts, curer imaricial acc	\$	Utilities and telephone	
	\$	Clothing and laundry	\$ \$ \$ \$ \$
	\$	Medical and dental expenses	\$
Vehicles (cars, boats) (make and year	<u>Ψ</u> ar)	Insurance (life, health, auto, etc.)	<u>\$</u>
vollidios (dalo, boato) (make ana yee	\$	School and child care	<u>\$</u>
·	\$	Transportation, auto repair, gas	<u>\$</u>
	\$	Child / spousal support	\$ \$
Other property (like jewelry, stocks		Wages withheld by court order	Ψ
another house, etc.)	s, iaiia,	wages withheld by court order	\$
,	\$	Debt payments paid to: (List)	
	\$		\$
	\$		\$ \$ \$
Total value of property		Total Monthly Expenses	
*The value is the amount the item would se			, <u> </u>
7. Are there debts or other facts "My debts include: (List debt and amount of the fact) (If you want the court to consider other fact)	ount owed)	ur financial situation?	another page to
this form labeled "Exhibit: Additional Suppo			. •
I cannot afford to pay court cos	its.	ng is true and correct. I further swear: 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 /	/ / inCounty	,
Signature		n/Day/Year county name	State