## NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

In the	Cause Number:	o will fill in the Co	use Number when you file this form)	2
District Court   County   Co			H.S.	
And  Court   County   Texas    Statement of Inability to Afford Payment of   County   County   County   County    Statement of Inability to Afford Payment of   County   County   County   County   County    1. Your Information   My full legal name is:	(Print first and last name of the person filing the lawsuit.	<del>)</del>		XXXX
Statement of Inability to Afford Payment of Court Costs or an Appeal Bond  1. Your Information  My full legal name is:    First		Court		
Statement of Inability to Afford Payment of Court Costs or an Appeal Bond  1. Your Information  My full legal name is:    First   Middle   Last   My date of birth is:   /   / Month/Day/Net			odotioo oodit	
Statement of Inability to Afford Payment of Court Costs or an Appeal Bond  1. Your Information  My full legal name is:    First	Jefendant:  (Print first and last name of the nerson being sued	County	TEXAS	
1. Your Information  My full legal name is:	printering and radio of the person being out at	,		
1. Your Information  My full legal name is:	Statement of Inabil	ity to Affo	ord Payment of	
My full legal name is:    First   Middle   Last   My date of birth is:   I   Month/Day/Yea   My address is: (Home)   (Mailing)   My phone number:   My email:   About my dependents: "The people who depend on me financially are listed below.   Name   Age   Relationship to Me				
My full legal name is:    First   Middle   Last   My date of birth is:   I   Month/Day/Yea   My address is: (Home)   (Mailing)   My phone number:   My email:   About my dependents: "The people who depend on me financially are listed below.   Name   Age   Relationship to Me	1 Your Information			
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My phone number:My email:	My full legal name is: First Middle	Last	Month/Day/Year	r
My phone number:My email:	My address is: (Home)			
My phone number:My email:				
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Public Housing or Section 8 Housing   Low-Income Energy Assistance   Emergency Assistance	Check ALL boxes that apply and attach proof to this fo Food stamps/SNAP TANF M Public Housing or Section 8 Housing Lo Telephone Lifeline Community C Needs-based VA Pension Child Care As County Assistance, County Health Care, or C	edicaid core edicaid come en c	or of an eligibility form or check.)  CHIP SSI WIC AABD  ergy Assistance Emergency Assistance  LIS in Medicare ("Extra Help"  er Child Care and Development Block Gra	)

4. What is your monthly income	and income so	urces?	
'I get this monthly income:			
in monthly wages. I wo	ork as a	for	
		in unemployed since (date)	
in public benefits per m			
		ch month: (List only if other members contribute to	your
from Retirement/Pe Social Security Child/spousal My spouse's ir	y Milita support ncome or incom	, bonuses    Disability    Worker's ary Housing    Dividends, interest, royalties the from another member of my household (A)	s
\$from other jobs/source	es of income. (D	escribe)	
s is my total monthly in	come.		
<ol><li>What is the value of your prop "My property includes:</li></ol>	erty? Value*	6. What are your monthly expenses? "My monthly expenses are:	Amount
Cash	\$	Rent/house payments/maintenance	\$
Bank accounts, other financial asse	ets	Food and household supplies	\$
	\$	Utilities and telephone	
	\$	Clothing and laundry	\$
	\$	Medical and dental expenses	\$
Vehicles (cars, boats) (make and year	r)	Insurance (life, health, auto, etc.)	\$
	\$	School and child care	\$
	\$	Transportation, auto repair, gas	\$
	\$	Child / spousal support	\$
Other property (like jewelry, stocks	s, land,	Wages withheld by court order	\$
another house, etc.)	•	Debt payments paid to: (List)	\$
	\$	Debt paymonto para to: (200)	\$
	\$		\$
	\$	Total Monthly Expenses	L
Total value of property  *The value is the amount the item would se	→ \$		· -
7. Are there debts or other facts "My debts include: (List debt and amo	explaining you	ur financial situation?	
(if you want the court to consider other fact this form labeled "Exhibit: Additional Suppo	ts, such as unusual prting Facts.") Che	medical expenses, family emergencies, etc., attach ar ck here if you attach another page.	nother page to
I cannot afford to pay court cos	sts	ng is true and correct. I further swear: deposit to appeal a justice court decision.	
My name is			_//
My address is		City State Zip Code	Country
Street			
<b>)</b>	signed on/	// / inCounty,	State
Signature	Month	n/Day/Year county name	State

4. What is your monthly income and income	e sources?	
"I get this monthly income:		
\$in monthly wages. I work as a	r job title for Your employer	
	r job title Your employer been unemployed since (date)	
\$ in public benefits per month.		
	d each month: (List only if other members contribute to	Vour
household income.)		
Child/spousal support My spouse's income or in	Military Housing Dividends, interest, royaltic come from another member of my household (	es
from other jobs/sources of income	e. (Describe)	
\$ is my total monthly income.		
5. What is the value of your property? "My property includes: Value"		Amount
Cash \$	Rent/house payments/maintenance	\$
Bank accounts, other financial assets	Food and household supplies	\$ \$ \$
\$	Utilities and telephone	\$
\$	Clothing and laundry	\$
\$	Medical and dental expenses	\$
Vehicles (cars, boats) (make and year)	Insurance (life, health, auto, etc.)	\$
\$	School and child care	\$
\$	Transportation, auto repair, gas	\$
\$	Child / spousal support	\$
Other property (like jewelry, stocks, land,	Wages withheld by court order	\$
another house, etc.)	Debt payments paid to: (List)	\$
\$		\$
\$		\$
\$	Total Monthly Expenses	
Total value of property → \$  *The value is the amount the item would sell for less the a		
7. Are there debts or other facts explaining "My debts include: (List debt and amount owed)	your financial situation?	
(If you want the court to consider other facts, such as unit this form labeled "Exhibit: Additional Supporting Facts.")	usual medical expenses, family emergencies, etc., attach a. Check here if you attach another page.	nother page to
8. Declaration I declare under penalty of perjury that the fore I cannot afford to pay court costs. I cannot furnish an appeal bond or pay a c	eash deposit to appeal a justice court decision.	
My name is	My date of birth is :	_//
My address is		Carrata
Street	City State Zip Code	Country
signed on_	/ / inCounty,	
Signature	Month/Day/Year county name	State