

Midland County Justice Courts Pct.3

**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.

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

CAUSE NO. \_\_\_\_\_

*(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.)*

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IN THE JUSTICE COURT

VS. \_\_\_\_\_

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PRECINCT NO. \_\_\_\_\_

DEFENDANT: \_\_\_\_\_  
*(Print first and last name of the person being sued.)*

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MIDLAND COUNTY, TEXAS

**Statement of Inability to Afford Payment of Court Costs  
or an Appeal Bond**

**Part 1: Your Information**

My full name is: \_\_\_\_\_

My date of birth is: \_\_\_\_\_

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

*(Home):* \_\_\_\_\_

*(Mailing):* \_\_\_\_\_

My phone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

My E-mail: \_\_\_\_\_

**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. _____	_____	_____

**Part 2: Representation by Legal-Aid Attorney**

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

**-Or-**

"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.**"

**Part 2: Representation by Legal-Aid Attorney (cont'd)**

**-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.

**Part 3: 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 fill in the blanks describing the amounts and sources of your income.**

- 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."**

**Part 4: Monthly Income and Income Sources**

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

**-Or-** *Date*

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

"I also have income from **other sources**"

*(Check ALL boxes that apply )*

- 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.

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

**Part 4: Monthly Income and Income Sources (cont'd)**

“My property and monthly expenses are listed below.”

Property	Value*	Monthly expenses:	Amount
Cash	\$	Rent/house payments/maintenance	\$
Bank accounts, other financial assets ( <i>List</i> )		Food and household supplies	\$
	\$	Utilities and telephone	\$
	\$	Clothing and laundry	\$
	\$	Medical and dental expenses	\$
Vehicles (cars, boats) ( <i>List make and year</i> )		Insurance (life, health, auto, etc.)	\$
	\$	School and child care	\$
	\$	Transportation, auto repair, gas	\$
	\$	Child / spousal support	\$
Other property (like jewelry, stocks, etc.) ( <i>Describe</i> )		Wages withheld by court order	\$
	\$	Debt payments paid to: ( <i>List</i> )	\$
	\$		\$
	\$		\$
<b>Total Value of Property</b>	<b>\$</b>	<b>Total Monthly Expenses</b>	<b>\$</b>

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

Are there debts or other facts explaining your financial situation?

“My debts include: (*List debt and amount owed*)”

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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.

**Part 5: 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.

**Verification 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

***Clerk of the Court or 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
*Clerk of the Court or Notary's or Signature*

**Verification 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: \_\_\_\_\_  
*Month/Day/Year*

My address is: \_\_\_\_\_  
*Street Apt/Suite # City State Zip Country*

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_,  
*County Name State*

**On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**



\_\_\_\_\_  
Signature of Declarant

Printed Name: \_\_\_\_\_