

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

Petitioner/
Plaintiff

In the (check one):

_____ (Court Number)

- District Court
 County Court at Law
 Justice of the Peace

Respondent/
Defendant

(County)

County, Texas

Affidavit of Indigency (Request to Not Pay Court Fees)

Request to Waive Court Fees

Use this form to ask the court not to charge you for the court (filing) fees. This form is also called an "Affidavit of Inability to Pay Court Costs" or a "Pauper's Oath." You can only use this form if: (1) you get government benefits because you are poor or (2) you can't pay court fees.

You must sign this form in front of a Notary Public. By signing this form, you are swearing that the information you provide is true.

You could be prosecuted if you lie on this form.

The court may or may not approve this request to waive court fees. The court may order you to answer questions about your finances at a hearing. At that hearing you will have to present evidence to the judge of your income and expenses to prove that you are indigent or have no ability to pay court fees.

① **The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:**

"My name is _____ My phone number is () - _____

"My mailing address is _____

"I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form.

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

② "I receive these **public benefits**/government entitlements that are based on indigency:

- SSI WIC Food Stamps/SNAP TANF Medicaid CHIP AABD
 Needs-based VA Pension County Assistance, County Health Care, or General Assistance (GA)
 LIS in Medicare ("Extra Help") Community Care via DADS Low-Income Energy Assistance
 Emergency Assistance Child Care Assistance under Child Care and Development Block Grant
 Public Housing Other: (Describe) _____

! If you receive any of the above public benefits, attach proof and label it "Exhibit: Proof of Public Benefits"

③ "My **income sources** are stated below. (Check all that apply)

- Unemployed since: _____ -or-
(date)
 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)

④ "My **income amounts** are stated below.

- (a) My monthly gross income *before* deductions are taken out is: Total income before deductions → \$ _____
(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 is:* Total amount received → + \$ _____
(d) The amount I receive each month from other sources is: Total amount received → + \$ _____
(e) My TOTAL monthly income is Add all sources of income above → = \$ _____

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

⑤ About my **dependents**: "The people who depend on me financially are listed below:

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

⑥ "My property includes:		Value*	⑦ "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 and dental expenses	\$ _____	
Vehicles (cars, boats) (List make and year)	\$ _____		Insurance (life, health, auto, etc)	\$ _____	
_____	\$ _____		School and child care	\$ _____	
_____	\$ _____		Vehicle payments	\$ _____	
_____	\$ _____		Gas, bus fare, auto repair	\$ _____	
_____	\$ _____		Child / spousal support	\$ _____	
Real estate (house or land) (Do not list the house you live in.)	\$ _____		Wages withheld by court order	\$ _____	
_____	\$ _____		Debt payments	\$ _____	
_____	\$ _____		Other expenses (Describe)	\$ _____	
Other property (like jewelry, stocks, etc.) (Describe)	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
_____	\$ _____		_____	\$ _____	
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).

⑧ "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 attach another page.

⑨ "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."

⑩ **Notarized signature.** Do NOT sign until you are in front of a notary!

▶ _____
 Signature of Person Signing Affidavit in front of Notary _____
Date

Notary fills out below:

State of Texas
 County of _____
 Print the name of county where this Affidavit is notarized.

Notary stamp here

Sworn to and subscribed before me today, _____, by _____
Date Print name of person who is signing this Affidavit.

▶ _____
 Notary's Signature

NOT the notary's name.