

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  2<sup>nd</sup> 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.  
 NOT the notary's name.

▶ \_\_\_\_\_  
 Notary's Signature