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 | ☐ District Court ☐ County Court / County Court at Law ☐ Justice Court |
| Defendant: | | Texas |
| (Print first and last name of the person being sued.) | County | |
| Statement of Inability | to Affo | ord Payment of |
| Court Costs or | an App | eal Bond |
| 1. Your Information | | |
| My full legal name is: | | Mv date of birth is: / / |
| My full legal name is: First Middle | Last | My date of birth is: // / Month/Day/Year |
| My address is: (Home) | | |
| (Mailing) | | |
| My phone number:My email: | | |
| About my dependents: "The people who depend on Name 1 | an attorney I have atta | Age Relationship to Me |
| I am not represented by legal aid. I did not apply | for represe | 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 Ene via DADS ance under | of an eligibility form or check.) CHIP SSI WIC AABD rgy Assistance Emergency Assistance LIS in Medicare ("Extra Help") Child Care and Development Block Grant |

| Cash S Rent/house payments/maintenance S Bank accounts, other financial assets Food and household supplies S Utilities and telephone S Clothing and laundry S Medical and dental expenses S Insurance (life, health, auto, etc.) S Insurance (life, health, auto, etc.) S School and child care S Child / spousal support S Debt payments paid to: (List) S S Total Value of property O S Total Monthly Expenses O S Total Value of property O S Total Monthly Expenses O S Total Value is the amount the item would sell for less the amount you still owe on it, if anything. 7. Are there debts or other facts explaining your financial situation? "My debts include: (List debt and amount owed) 8. Declaration Ideclare under penalty of perjury that the foregoing is true and correct. I further swear: I cannot afford to pay court costs. I cannot afford to pay court costs. I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision. My name is My date of birth is:// My address is | 4. What is y | our mo | onthly income | and inco | me sou | ırces? | | | | |
|--|---------------------------------------|---------------------|------------------------------|-------------------|----------|--------------|---------|-----------------|-----------------------|----------------|
| in monthly unemployment. I have been unemployed since (date) in public benefits per month. from other people in my household each month: (List only if other members contribute to your household (income). Retirement/Pension Tips, bonuses Disability Worker's Comp Social Security Military Housing Dividends, interest, royalties Child/spousal support My spouse's income or income from another member of my household (if available) from other jobs/sources of income. (Describe) s | "I get this mo | onthly i | ncome: | | | | | | | |
| in monthly unemployment. I have been unemployed since (date) in public benefits per month. from other people in my household each month: (List only if other members contribute to your household (income) Retirement/Pension Tips, bonuses Disability Worker's Comp Social Security Military Housing Dividends, interest, royalties Child/spousal support My spouse's income or income from another member of my household (if available) from other jobs/sources of income. (Describe) Simply total monthly income. 5. What is the value of your property? 6. What are your monthly expenses? Amore Cash Simply monthly expenses are: Amore Cash Amore C | \$ | in mon | thly wages. I w | ork as a _ | | | | for | | |
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| Social Security | | | | , | 0.0 000 | | . (2,00 | oy ouo | | , y ou. |
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