

NO.

IN THE INTEREST OF

§  
§  
§  
§  
§

IN THE DISTRICT COURT

\_\_\_\_\_ JUDICIAL DISTRICT

A CHILD

\_\_\_\_\_ COUNTY, TEXAS

**AFFIDAVIT OF INABILITY TO PAY COSTS**

STATE OF TEXAS

,

COUNTY OF DALLAS

,

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_ who, by me being duly sworn, on oath stated:

"My income information is as set forth below, including any government entitlement, the nature and amount of my employment income and the amount and source of all of my other income, including a statement of my cash and checking accounts, my number of dependents, my debts, and monthly expenses.

**MONTHLY INCOME:**

	<u>Amount</u>	<u>Source or Description</u>
a) Public Assistance:	_____	_____
b) Public Benefit:	_____	_____
c) Net Employment:	_____	_____
d) Other Income:	_____	_____
e) Spouse's Income: (if available)	_____	_____

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

NUMBER OF DEPENDENTS: \_\_\_\_\_

**PROPERTY:**

- a) Cars or Trucks (Year/Make):
  1. \_\_\_\_\_
  2. \_\_\_\_\_
- b) Checking and/or Savings Account:

Bank: \_\_\_\_\_

Amount: \_\_\_\_\_

c) Cash: \_\_\_\_\_

**MONTHLY EXPENSES:**

Rent/Mortgage: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Transportation: \_\_\_\_\_

Insurance: \_\_\_\_\_

Clothing/Laundry: \_\_\_\_\_

Food: \_\_\_\_\_

Child Care: \_\_\_\_\_

Medical/Dental: \_\_\_\_\_

Utilities: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL MONTHLY EXPENSES: \_\_\_\_\_**

**DEBTS AND CHILD SUPPORT OBLIGATIONS (exclude house and automobile):**

**Creditors**

**Monthly Payment**

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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

\_\_\_\_\_  
**AFFIANT**

**SUBSCRIBED AND SWORN TO** this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

[STYLE OF THE CASE, if needed]

IOLTA CERTIFICATE FOR AFFIDAVIT OF INABILITY TO PAY COSTS

STATE OF TEXAS

COUNTY OF DALLAS

The undersigned attorney states as follows:

I am the attorney providing free legal services, without contingency, because of indigency of \_\_\_\_\_ a party in the above entitled and numbered cause.

I am providing such services by referral from a program funded by the Interest on Lawyers Trust Accounts (IOLTA) program. The referring IOLTA-funded program screened the party for income eligibility under the IOLTA income guidelines.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
\_\_\_\_attorney\_\_

\_\_\_\_\_  
Notary Public