

[Use *STYLE* of your case, e.g.]

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 to you)	_____	_____

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 _____, 20____.

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 _____, 20____.

____attorney__

Notary Public