

NO. \_\_\_\_\_

IN THE INTEREST OF

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§

IN THE DISTRICT COURT

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

A CHILD

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

**AFFIDAVIT OF INABILITY TO PAY COSTS**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

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

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

My income, resources, and expenses are set out in the schedule below:

Monthly Income:

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

Number of Dependents: \_\_\_\_\_

Property:

a) Cars or Trucks (Year/Make):

1) \_\_\_\_\_ 2) \_\_\_\_\_

b) Checking and/or Savings Account:

Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Other Property: (exclude homestead)

\_\_\_\_\_

Monthly Expenses:

Rent/Mortgage: _____	Food: _____
Car Payment: _____	Child Care: _____
Transportation: _____	Medical/dental _____
Insurance: _____	Utilities: _____
Clothing/Laundry: _____	other: _____
	Total: \$ _____

Debts and child support obligations (exclude house and automobile):

<u>Creditor:</u>	<u>Monthly Payment:</u>
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 BEFORE me,** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public of Texas

My commission expires: