

CAUSE NO. _____

PLAINTIFF

v.

DEFENDANT

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IN THE JUSTICE COURT

PRECINCT NO. ONE

WALLER COUNTY, TEXAS

SWORN STATEMENT OF INABILITY TO PAY COSTS

My name is: _____.

I am:

- Unable to pay the filing fees and service fees in order to file an original action.
- Unable to furnish an appeal bond or pay a cash deposit in order to file an appeal.
- Relying on the same sworn statement filed with the petition in order to file an appeal.

I am giving the following information under oath:

1. Identity.

Full Name:	
Address:	City, State, and Zip Code
Home Telephone:	Cellular Phone:
Former Address:	
Date of Birth:	Place of Birth:
Employer:	
Employment Address:	
Work Telephone:	Job Title or Duties:
Supervisor's Name:	

Spouse's Name:	
Spouse's Address:	City, State, and Zip Code
Spouse's Home Telephone:	Spouse's Cellular Phone:

Spouse's Employer:

Spouse's Employment Address:

Spouse's Work Telephone:	Spouse's Supervisor's Name:
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2. Income.

Monthly earnings:	
Other income: Description:	Amount:

3. Spouse's Income.

Spouse's monthly earnings:	
Other income: Description:	Amount:

4. Government Entitlement Income.

Unemployment Benefits:	Benefit Amount:
AFDC:	
Social Security:	
Disability:	
Veteran's Benefits:	
Child Support:	

Other: Description:	Amount:
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5. All Other Income (Interest, Dividends, etc.).

Description:	Amount:
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6. Accounts in Financial

<u>Institutions.</u> Checking Accounts: Financial Institution:	Account Number:	Current Balance:
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Saving Accounts: Financial Institution:	Account Number:	Current Balance:
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7. Real Property Owned other than Homestead.

Description:	Address:	Value:

8. Personal Property owned *(other than household furnishings, clothes, tools of a trade, or personal effects).*

Description: Value:	

9. Debts.

Description:	Total Due:	Monthly Pmts

10. Monthly Expenses *(for example, food, transportation, child care, health care, etc.).*

Description:	Amount:

11. Dependents.

Name:	Address:	Age:	Relationship:

Signature

Date

Address & Phone Number

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

CLERK OF THE JUSTICE COURT OR NOTARY

IOLTA CERTIFICATE

I hereby certify that _____ [*party filing inability to pay*] has been screened for income eligibility under the IOLTA income guidelines.

Signed on _____

Attorney

Printed Name: _____

Address: _____

Tel. No.: _____

Fax No.: _____

Email: _____

State Bar No. _____