



STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS OR AN APPEAL BOND

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

Plaintiff: _____

vs.

Defendant: _____

IN AND FOR
JUSTICE COURT Pct 1
ARMSTRONG COUNTY, TEXAS

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Name _____ Date of Birth ____/____/____

First Name MI Last Name

Address _____
Street Apt No. City State Zip Code

Phone Numbers _____
Home Cell Work Family Member

Social Security#: _____ Driver's License #: _____

Are you Employed? Yes No If yes, where? _____ Type of Work _____

Number of Hours per Week: _____ How long have you worked at this job? _____ Pay Rate: _____

Supervisor's Name: _____ Address (street, city, state, zip): _____

If unemployed, list:

Length of time unemployed: _____

Name of previous employer: _____

Address of previous employer (street, city, state, zip): _____

Marital Status : Single Married Divorced Widowed Separated

Name of Spouse _____
First MI Last

Spouse's Employer _____ Type of Work _____ Hours worked _____ Pay Rate _____

Name of Dependent Child(ren) & relation (0-18 yrs.)	Age	Name of Dependent Child(ren) & relation (0-18 yrs.)	Age

RESIDENCE INFORMATION

Rent: yes or no

Own: yes or no

Reside with family: yes or no

Homeless: yes or no



DEFENDANT'S FINANCIAL INFORMATION

Do You receive public benefits?

- I do not receive needs-based public benefits. – or –
- I receive these public benefits/government entitlements that are based on indigency:
(Check ALL boxes that apply and ATTACH PROOF to this form, such as a copy of an eligibility form or check.)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Public housing or Section 8 Housing <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Low-Income Energy Assistance <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> Telephone Lifeline <input type="checkbox"/> Community Care via DADS | <ul style="list-style-type: none"> <input type="checkbox"/> CHIP <input type="checkbox"/> WIC <input type="checkbox"/> AABD <input type="checkbox"/> LIS in Medicare (“Extra Help”) <input type="checkbox"/> Needs-based VA Pension <input type="checkbox"/> Child Care Assistance under Child Care and Development Block Grant <input type="checkbox"/> County Assistance, County Health Care, or General Assistance (GA) |
|--|---|

Other: _____

MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Car Payment	\$
Investment Income	\$	Insurance (Life, Health, Car, Homeowners, etc.)	\$
Stock Dividend	\$	Total Child Expenses	\$
Bond Dividend	\$	Child Support	\$
Rental Income	\$	Water	\$
Pension Payments	\$	Gas	\$
Unemployment	\$	Telephone (cell/home, pager)	\$
Child Support (Received)	\$	electricity	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Clothes	\$
Other Income (describe)	\$	Probation fees	\$
Cash Gifts	\$	Medical Expenses / Health Insurance	\$
	\$	Cable TV or Satellite TV	\$
	\$	Minimum Monthly Credit Card Payment (name of card)	\$
	\$	Outstanding Loans (list)	\$
TOTAL MONTHLY INCOME	\$	Other Monthly Expenditures (describe)	\$
		TOTAL MONTHLY EXPENSES	\$



Assets		
Asset	Value	
A. Place of Residence ___ Rent ___ Own (Describe if house, condominium, apartment, other):		
	\$	
B. Real Property Owned; Description/Location:		
	\$	
C. Automobile(s)		
Make Model Year	\$	
Make Model Year	\$	
D. Stock and Bonds (provide description)		
	\$	
	\$	
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		
	\$	
	\$	
F. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
ASSETS TOTAL VALUE		\$

VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or statement will be denied.

Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ___ day of _____, 20__

Clerk's Signature

MY FINANCIAL INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

BALANCE: _____

SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION



Are you represented by legal Aid?

- I am being represented in this case for free by an attorney who works for a legal aid provider or who received by case through a legal aid provider. I have attached the certificate the Legal aid provider gave me as 'Exhibit: Legal Aid Certificate'.
- I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.
- I am not represented by legal aid. I did not apply for representation by legal aid.

DECLARATION

On this _____ day of _____, 20 ____, I declare under penalty of perjury that the foregoing is true and correct. I further swear: I cannot afford to pay court costs. I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

Defendant's Signature

ONLY ONE SECTION BELOW TO BE COMPLETED.

Administered Oath

Clerk/Notary ONLY)

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20__.

Clerk/Notary Public Signature

Date

Unsworn Declaration by Defendant

(Defendant ONLY)

My name is _____, my date of birth is _____.

(First Name) (Middle Name) (Last Name)

My address is _____, _____, _____, _____.

(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, _____.

(Month) (Year)

ORDER

On this the _____ day of _____, 20 ____, came on to be heard in the numbered and entitled cause, the sworn declaration of Defendant requesting inability to afford payment of court cost or an appeal bond in said cause; and it appears to the Court that the Defendant is an indigent person, too poor to pay court costs or an appeal bond.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that _____ is Indigent.

Signature of Judge

Denied Reason: _____