

Sworn Statement of Inability to Pay

Party's Information	
Name:	Phone number:
Address:	DL No. or State ID:
City: St: Zip:	Single or Married (circle) No. of Dependents:

Government Entitlement Income	
Temporary Aid for Needy Families (TANF): \$	Food Assistance: \$
Social Security or Disability: \$	Health Care Assistance: \$
Veteran's Benefits: \$	Other: \$

Other Income	
Monthly Income: \$	Child Support: \$
Employer:	Interest, dividends, etc.: \$
Spouse Income: \$	Other: \$

Property Owned by Party (other than homestead, household furnishings, clothes, etc.): _____

I have the following monthly expenses:

Rent/Mortgage: _____ Food: _____
Utilities: _____ Child Care: _____
Car / Insurance: _____ Other Expenses or Debts: _____

Balance of cash or checking account (s) \$ _____ savings account (s) \$ _____

I am unable to pay court fees. I verify that the statements made in this statement are true and correct.

Party's Signature

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

Clerk of Court or Notary Public

OR

My name is _____ (First) _____ (M) _____ (Last) my date of birth is _____, and my address is _____ (City), _____ (ST), _____ (ZIP) and _____ (Country). I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ County, State of Texas, on the _____ day of _____, 20_____. _____ Declarant/Party
