

Cause Number: \_\_\_\_\_

**THE STATE OF TEXAS  
FOR THE BEST INTREST  
AND PROTECTION OF**

§  
§  
§  
§

**THE PROBATE COURT  
OF  
DENTON COUNTY,  
TEXAS**

\_\_\_\_\_  
(use initials only)

## Affidavit of Indigence

This form is a request not to pay filing fees for your case. It must be Notarized. By signing in front of a Notary Public you are swearing that the information given is true and you may be prosecuted if it is not.

The court may hold a hearing about your finances. At that hearing, you would have to present evidence of income and expenses to prove that you cannot pay court costs. The court may not approve this request.

### 1 The person who signed this affidavit appeared in person before me, the undersigned notary, and stated under oath:

My name is: \_\_\_\_\_ My phone number is: \_\_\_\_\_

My address is: \_\_\_\_\_

"I am above the age of eighteen (18) years and am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form."

### Attach proof of benefits labeled "Exhibits: Proof of Public Benefits"

### 2 I receive public benefits/ entitlements based on indigence. (Check all that apply.)

- SSI     WIC     Food Stamps/SNAP     TANF     Medicaid     CHIP     AABD     Public Housing
- Needs-based VA Pension     County Assistance, County Health Care, or General Assistance (GA)
- LIS in Medicare ("Extra Help")     Community Care via DADS     Low-Income Energy Assistance
- Emergency Assistance     Child Care Assistance under Child Care and Development Block Grant
- Other: \_\_\_\_\_

### 3 "My sources of income are stated below." (Check all that apply.)

Unemployed since: (date) \_\_\_\_\_

**OR:**  Wages: I work as (job title): \_\_\_\_\_

For: (employer): \_\_\_\_\_

**4 My income amounts are stated below**

- |   |   |
|---|---|
| 1 My monthly gross income before deductions is:   | Total income before deductions \$ _____   |
| 2 The amount I receive monthly in public benefits is:   | Total amount received \$ _____            |
| 3 The amount I receive each month from other sources is:  | Total amount received \$ _____            |
| 4 The amount of income from other people in my household is:<br>(List this income only if others contribute to your household income) | Total amount received \$ _____            |
| 5 <b>My TOTAL monthly income is:</b>  | <b>Add all sources of income \$ _____</b> |

<b>5 People who depend on me financially are:</b>	Age	Relationship to Me
1		
2		
3		
4		
5		
6		

<b>6 My property includes:</b>	\$ Value:	<b>7 My monthly expenses are:</b>	\$ Amount
Cash	\$	Rent/house payments/maintenance	\$
Bank Accounts (list)		Food and household supplies	\$
	\$	Utilities and telephone	\$
	\$	Clothing and laundry	\$
Other Financial Assets (list)		Medical and dental expenses	\$
	\$	Insurance (life, health, auto, etc.)	\$
	\$	School and child care	\$
Vehicles (cars, boats: list make/year)		Car expenses /Transportation	\$
	\$	Child / spousal support	\$
	\$	Wages withheld by court order	\$
	\$	Debt payments paid to: (list below)	\$
Real property (house and land)			\$
	\$		\$
	\$		\$
Personal property (jewelry, stocks, etc.)			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total value of property:</b>	\$	<b>Total monthly expenses:</b>	\$

"The value is the amount the item would sell for, minus the amount owed on it, if anything."

<b>8 My debts include: (list debts)</b>	(amount owed)
1.	\$
2.	\$
3.	\$
4.	\$

To list other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts."  Check here if you attach another page.

**9 "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."**

**10 Signature – TO BE SIGNED IN FRONT OF THE NOTARY.**

➤ \_\_\_\_\_ (Signature of Person Signing Affidavit in front of Notary) \_\_\_\_\_ (Date)

**Notary section below to be signed by Notary:**

**State of Texas**

County of \_\_\_\_\_

(Print name of county where affidavit is being notarized.)

**Sworn to and subscribed before me today,** \_\_\_\_\_ **by** \_\_\_\_\_  
 (Date) (Printed name of person signing Affidavit, NOT the Notary)

➤ \_\_\_\_\_  
 (Notary's signature)

**GRANTED / DENIED**

\_\_\_\_\_  
**ASSOCIATE JUDGE  
 PROBATE COURT  
 DENTON COUNTY, TEXAS**