

Cause Number: \_\_\_\_\_  
(The Clerk's office will fill in the Cause Number when you file this form.)

Petitioner/  
Plaintiff \_\_\_\_\_

In the:

\_\_\_\_\_  
Court Number

- District Court
- County Court at Law
- Justice of the Peace

Respondent/  
Defendant \_\_\_\_\_

\_\_\_\_\_ County, Texas

## Unsworn Declaration of Indigency

- I am filing this Unsworn Declaration of Indigency in place of an Affidavit of Indigency as allowed by Section 132.001 of the Texas Civil Practices and Remedies Code.
- I am unable to pay court costs. I declare under penalty of perjury that the statements made in this Unsworn Declaration of Indigency are true and correct.

3. My name is: \_\_\_\_\_  
*First Middle Last*

My date of birth is: \_\_\_\_\_  
*Month Day Year*

My address is: \_\_\_\_\_  
*Street Address City State Zip Country*

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

4. **Government Entitlements** (Check one.)

I do not currently receive any government entitlements based on indigency (*poverty*).

I currently receive the following government entitlements based on indigency (*poverty*):

*Government entitlements based on indigency include but are not limited to: Food Stamps/SNAP, TANF, SSI, Medicaid, WIC Chip, AABD, Needs-based VA Pension, Public Housing, County Assistance, County Health Care, General Assistance, 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.*

*List all government entitlements based on indigency received by you or your dependents and the dollar amount of the benefit if applicable. Attach proof of the government entitlements received to this form.*

| Name of Public Benefit | Person Getting the Benefit | Dollar Amount |
|------------------------|----------------------------|---------------|
| _____                  | _____                      | \$ _____      |
| _____                  | _____                      | \$ _____      |
| _____                  | _____                      | \$ _____      |

5. **Income**

a. My net monthly income from employment (*after taxes*) is: \$ \_\_\_\_\_  
**or**  I am not currently employed or self-employed.

b. My spouse's net monthly income (*after taxes*) is: \$ \_\_\_\_\_  
**or**  I am not married. **or**  My spouse's income is not available to me.

c. All other income I receive is listed below: *List the source of income (i.e. unemployment, retirement, social security, interest, dividends, child support, spousal support) and the monthly amount you receive.*

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

6. **Dependents** – The people who depend on me financially are listed below:

| Name  | Age   | Relationship to Me |
|-------|-------|--------------------|
| _____ | _____ | _____              |
| _____ | _____ | _____              |
| _____ | _____ | _____              |
| _____ | _____ | _____              |
| _____ | _____ | _____              |

7. **Property** – I own the following property:

*List the property and its value - the amount the property would sell for less the amount you still owe on it. If there is no property in a particular category, write "none."*

Bank Accounts (list bank, type of account and amount of \$ in account)

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Vehicles (list make and year)

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Real Estate – House or Land (do not list the house you live in)

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Other Property of Value (like boats, jewelry, stocks, etc.)

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

8. **Monthly Expenses** – I have the following monthly expenses:

|                            |          |                                      |          |
|----------------------------|----------|--------------------------------------|----------|
| Rent / Mortgage            | \$ _____ | Insurance (auto, life, health, etc.) | \$ _____ |
| Food                       | \$ _____ | Vehicle payments                     | \$ _____ |
| Utilities (electric/gas)   | \$ _____ | Gas, bus fare, auto repair           | \$ _____ |
| Telephone                  | \$ _____ | Child support / spousal support      | \$ _____ |
| Clothing and laundry       | \$ _____ | Other expenses/debts: (describe)     | \$ _____ |
| Medical, dental expenses   | \$ _____ | _____                                | \$ _____ |
| Child care, school tuition | \$ _____ | _____                                | \$ _____ |
| Household supplies         | \$ _____ | _____                                | \$ _____ |

**Total monthly expenses:** \$ \_\_\_\_\_

9. **Additional Information**

*List any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc.*

\_\_\_\_\_  
 \_\_\_\_\_

10. **Formally signed under penalty of perjury** in \_\_\_\_\_ County, Texas on this date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
**Your Signature**