

**AFFIDAVIT OF INABILITY TO PAY COSTS**

**STATE OF TEXAS**

**COUNTY OF \_\_\_\_\_**

BEFORE ME, the undersigned authority, on this day personally  
\_\_\_\_\_ who, being duly sworn, on oath stated:  
My income, resources and expenses are set out in the schedule below.

Dependents

Number of Dependents: \_\_\_\_\_

Monthly Income

Public benefits	\$ _____	Net work income	\$ _____
Other income	\$ _____	Spouse's income	\$ _____

Property

Automobiles	\$ _____	Real estate	\$ _____
Checking/savings accounts	\$ _____	Cash	\$ _____

Monthly Expenses

Rent/mortgage	\$ _____	Car payments	\$ _____
Insurance	\$ _____	Clothing	\$ _____
Food	\$ _____	Child care	\$ _____
Medical/dental	\$ _____	Other	\$ _____

Debts and Obligations

Debts	\$ _____	Child/spousal support	\$ _____
-------	----------	--------------------------	----------

I am unable to pay the court costs in this cause. I verify that the statements made in this affidavit are true and correct, and based upon personal knowledge.

\_\_\_\_\_  
*Affiant*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public, State of Texas**