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