

# 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____.   |
| _____<br>Declarant/Party   |