

AFFIDAVIT OF INDIGENCE

CASE NO. 02-\_\_\_\_\_

\_\_\_\_\_ v. \_\_\_\_\_

THE STATE OF TEXAS:  
COUNTY OF \_\_\_\_\_:

The undersigned makes this affidavit in connection with the filing of the above-numbered and entitled case for consideration in the Pro Bono Program of the Pro Bono Committee of the Appellate Section of the State Bar of Texas, and the Appellate Section of the Tarrant County Bar Association. *(The items applicable to the undersigned and checked and the information called for is furnished under penalties of perjury.)*

1. Basis for indigence: I am unable to pay a court cost because:

I am presently receiving a government entitlement based on indigence as follows (describe nature and amount of government entitlement): \_\_\_\_\_  
\_\_\_\_\_ and

I have no ability to pay court costs based on facts set out below.

2. Employment information:

I am not now employed; the last time I was employed was \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_.

I am employed: I work for \_\_\_\_\_  
\_\_\_\_\_.

The nature of the job is \_\_\_\_\_. The income I receive from this job is \$\_\_\_\_\_ per \_\_\_\_\_.

3. Income from sources other than employment:

I have no income which is derived from sources other than employment, such as interest, dividends, annuities, etc.

I have income derived from sources other than employment as follows:

Type of income                      Amount per period

4. Spouse's Income

My spouse has no income.

My spouse has income as follows:

<u>Type of income</u>	<u>Amount per period</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Property:

I own no property and no interest in any property.

I own the following interests in property:

Real Estate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Motor Vehicles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Stock and/or bonds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Cash: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Bank Accounts:

<u>Bank</u>	<u>Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Dependents:

- I have no dependents.
- I have the following dependents:

<u>Name</u>	<u>Age</u>	<u>Relationships</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Debts:

- I have no debts.
- I have the following debts:

<u>Creditor</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

9. I have the following monthly expenses:

<u>Type of Expense:</u>	<u>Amount per month</u>
_____	_____
_____	_____
_____	_____

10. Loans:

I have attempted to obtain a loan for these costs from the following financial and/or lending institutions, but have been unable to secure such a loan.

<u>Financial Institution/Lender:</u>	<u>Address:</u>
_____	_____
_____	_____
_____	_____

11. Attorneys:

- I was not represented by an attorney in this court.
- I was represented by an attorney in this court, but my attorney did not charge me a legal fee for this representation.
- I was represented by an attorney in this court under a contingent fee arrangement.

12. Costs:

No attorney has agreed to pay or advance my court costs.

An attorney has agreed to pay or advance my court costs under the following circumstances (explain here):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

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

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Affiant

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

Name Printed: \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, Tex.

My commission expires: \_\_\_\_\_

ATTORNEY FOR THE AFFIANT SHALL CERTIFY THE CONDITIONS UNDER WHICH HE REPRESENTS THE AFFIANT.

---

---

---

---

---

---

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Attorney