

# Sworn Statement of Inability to Pay

Party's Information		
Name:	Phone number:	
Address:	DL No. or State ID:	
City:                                 St:     Zip:	Single     Married	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*