AFFIDAVIT OF INDIGENCY - TRC 145

CAUSE NO. _____

_____ § IN THE COUNTY COURT AT LAW
_____
§ COURT
_____
_____ § _____ COUNTY, TEXAS

THE STATE OF TEXAS:
COUNTY OF _____:

The undersigned makes this affidavit in connection with the filing of the above-numbered and entitled cause without the posting of a security deposit and for the purpose of having citation issued in accordance with Rule 145, Texas Rules of Court. (*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 with 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:

Type of income	Amount per period

5. Property:

[ ] I own no property and no interest in any property.

[ ] I own the following interests in property:

Real Estate: _____

_____

Motor Vehicles: _____

_____

Stocks and/or bonds: _____

_____

Cash: _____

Other: _____

6. Bank Accounts:

Bank	Type of Account	Amount

7. Dependents:

[ ] I have no dependents.

[ ] I have the following dependents:

Name	Age	Relationship

8. Debts:

[ ] I have no debts.

[ ] I have the following debts:

Creditor	Amount

9. I have the following monthly expenses:

Type of Expense:	Amount per month
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 _____ day of _____ 20____.

_____ Name Printed:_____
Notary Public,_____ County, Texas My commission expires: _____

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

_____
_____
_____
_____
_____
_____

Date: _____ 20_____ _____
Signature of Attorney