

CW: _____

CAUSE NO. _____

IN THE INTEREST OF

IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

CHILD(REN)

315TH JUDICIAL JUVENILE DISTRICT

AFFIDAVIT OF INABILITY TO PAY COSTS

STATE OF TEXAS §
 §
COUNTY OF HARRIS §

BEFORE ME, the undersigned authority, on this day personally appeared _____, who being by me duly sworn, on oath state:

My income, resources, and expenses are set out in the schedule below:

Monthly Income:

	<u>Amount</u>	<u>Source or Description</u>
a) Public Benefits:	_____	_____
b) Net Employment:	_____	_____
c) Other Income:	_____	_____
d) Spouse's Income: (if available)	_____	_____

Number of Dependents: _____

Property:

a) Cars or Trucks (Year/Make):

1) _____ 2) _____

b) Checking and/or Savings Account:

Bank: _____ Amount: \$ _____

c) Cash: \$ _____

Other Property: (exclude homestead)

Monthly Expenses:

Rent/Mortgage: _____
Car Payment: _____
Transportation: _____
Insurance: _____
Clothing/Laundry: _____

Food: _____
Child Care: _____
Medical/dental: _____
Utilities: _____
other: _____

Total: \$ _____

Debts and child support obligations (exclude house and automobile):

Creditor:

Monthly Payment:

1. _____
2. _____
3. _____
4. _____
5. _____

- _____
- _____
- _____
- _____
- _____

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

Affiant

SUBSCRIBED AND SWORN TO BEFORE me, on this _____ day of _____, 20_____.

Notary Public of Texas