

Affidavit on Indigency (Filing Original Action)
Rule 145, Texas Rules of Civil Procedure

Note: A party who is unable to afford costs is a person who is presently receiving a governmental entitlement based on indigency or any other person who has no ability to pay costs. In lieu of paying or giving security for costs of an original action, a party who is unable to afford costs must file an affidavit containing the information specified in Rule 145 of the Texas Rules of Civil Procedure. The affidavit must contain a statement that the party is unable to pay the court costs, and that the statements made in the affidavit are true and correct. If the party is represented by an attorney on a contingent fee basis due to the party's indigency, the attorney may file a statement to that effect to assist the court in understanding the financial condition of the party. If the party is represented by an attorney who is providing free legal services because of the party's indigency, but not on a contingency, and the attorney is providing services either directly or by referral from a program funded by the Interest on Lawyers Trust Accounts (IOLTA) program, the attorney may file an IOLTA certificate confirming that the IOLTA-funded program screened the party for eligibility under IOLTA income guidelines. A party's affidavit of inability accompanied by an attorney's IOLTA certificate may not be contested.

NO. _____

PLAINTIFF	§	IN THE _____ COURT OF
VS.	§	OF HARRIS COUNTY, TEXAS
DEFENDANT	§	PRECINCT ____ PLACE ____
	§	

AFFIDAVIT OF INABILITY TO PAY COSTS – ORIGINAL ACTION

My name is _____. I am unable to pay the costs of filing an original action in the Justice of the Peace Courts, Precinct ____, Place ____.

In order to file this proceeding, I am giving the following information under oath:

1. Identity.

Full Name:	
Address:	City, State, and Zip Code
Home Telephone:	Cellular Phone:
Former Address:	
Date of Birth:	Place of Birth:
Employer:	
Employment Address:	
Work Telephone:	Job Title or Duties:
Supervisor's Name:	

Spouse's Name:	
Spouse's Address:	City, State, and Zip Code

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Spouse's Home Telephone:	Spouse's Cellular Phone:
Spouse's Employer:	
Spouse's Employment Address:	
Spouse's Work Telephone:	Spouse's Supervisor's Name:

2. Income.

Monthly earnings:	
Other income: Description:	Amount:

3. Spouse's Income.

Spouse's monthly earnings:	
Other income: Description:	Amount:

4. Government Entitlement Income.

Unemployment Benefits:	Benefit Amount:
AFDC:	
Social Security:	
Disability:	
Veteran's Benefits:	
Child Support:	

Other: Description:	Amount:
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5. All Other Income (Interest, Dividends, etc.).

Description:	Amount:
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6. Accounts in Financial Institutions.

Checking Accounts: Financial Institution:	Account Number:	Current Balance:
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Saving Accounts: Financial Institution:	Account Number:	Current Balance:
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7. Real Property Owned other than Homestead.

Description:	Address:	Value:
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Personal Property owned (other than household furnishings, clothes, tools of a trade, or personal effects).

Description:	Value:
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8. Debts.

Description:	Total Due:	Monthly Payment:
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9. Monthly Expenses (for example, food, transportation, child care, health care, etc.).

Description:	Amount:
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10. Dependants.

Name:	Address:	Age:	Relationship:

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

Date Completed:

Signature

IOLTA CERTIFICATE

I hereby certify that _____ [*party filing inability to pay*] has been screened for income eligibility under the IOLTA income guidelines.

SIGNED on _____ .

Attorney _____ [*typed name*]

[*address*]

[*telephone number*]

[*fax number*]

[*State Bar number*]

THE STATE OF TEXAS
COUNTY OF HARRIS

§
§

BEFORE ME, the undersigned authority, personally appeared _____,
who upon oath, stated that the information provided in this Affidavit is true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME on _____.

NOTARY PUBLIC, State of Texas