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# Affidavit of Inability to Pay Costs for Appeal

Case No. \_\_\_\_\_ § In the Justice Court of  
\_\_\_\_\_ § Harris County, Texas  
Plaintiff §  
vs. §  
\_\_\_\_\_ § Precinct \_\_\_\_\_, Place \_\_\_\_\_  
Defendant §

My name is \_\_\_\_\_. I unable to pay the costs of appeal or to file an appeal bond in order to appeal the Judgment entered on \_\_\_\_\_.

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

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

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

**Income**

Monthly earnings:		
Other income: Description:		Amount:

**Spouse's Income**

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

**Government Entitlement Income**

<i>Unemployment Benefits</i>	<i>Benefit Amount</i>
AFDC:	
Social Security:	
Disability:	
Veteran's Benefits:	
Child Support:	

Other Entitlement Benefits:	Amount:
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**All Other Income**

Description:	Amount:
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**Accounts in Financial Institutions**

Checking Accounts: Financial Institution:	Account Number:	Current Balance:
Saving Accounts: Financial Institution:	Account Number:	Current Balance:

**Real Property Owned other than Homestead**

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

Description:	Value:
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**Debts**

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

Description:	Amount:
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**Dependants**

Name:	Address:	Age:	Relationship:
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\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature

THE STATE OF TEXAS  
COUNTY OF HARRIS

§  
§

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, who upon oath, stated that he/she is making this Affidavit and that the information provided is true and correct.

SWORN TO AND SUBSCRIBED before me on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

**Note:** A person determined by the Court to be indigent may appeal a Small Claims Judgment by filing an Affidavit with the Justice of the Peace, stating the inability to pay costs. The Affidavit must be filed within five (5) days from the date of the judgment. Notice must be given to the other party of the filing of the affidavit. The affidavit of inability to pay must satisfy the requirements of Texas Rules of Civil Procedure, Rule 145. Rule 145 requires that the affidavit contain complete information as to the party's identity, nature and amount of governmental entitlement income, nature and amount of employment income, other income (interest, dividends, etc.), spouse's income if available to the party, property owned (other than homestead), cash or checking account, dependents, debts, and monthly expenses. The affidavit must also state that the party is unable to pay the court costs, and that the statements made in the affidavit are true and correct. The affidavit must be sworn before a notary public.