

PAUPERS OATH
AFFIDVAIT OF INABILITY TO PAY COSTS/FILING FEES

I, _____, am unable to pay the court cost therein; I verify the statement made in the affidavit is true and correct.

I am/am not employed: Employer: _____

Name, address & phone number of employer: _____

My income is _____ per week/month/year

I do / do not receive any government assistance. If yes, what kind and how much? _____

I am/am not married and support _____ children

Spouse name: _____

Name, address & phone number of spouse employer: _____

Earning of my spouse \$ _____ per week/month/year

I have the following money: Checking _____ Saving _____

I own the following property and its value is as follows:

Home: _____ Vehicle: _____

Furniture: _____ other land/building: _____

Stock/bonds: _____ Animals: _____

Jewelry: _____ other personal property: _____

I have the following debts and/or expenses:

Rent/Mortgage _____ per week/month/year

Loans: _____ per week/month/year

Other: _____ per week/month/year

Signature of Applicant: _____

Name Printed: _____

State of _____ County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____

NOTARY PUBLIC, State of Texas

Granted / Denied

County Judge