

NO. _____

ESTATE/GUARDIANSHIP

IN THE COUNTY COURT

AT LAW NO. _____

FORT BEND COUNTY, TEXAS

AFFIDAVIT OF INDIGENCY (RULE 145 T.R.C.P. - PROBATE CODE - SECTION 12)

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, T.R.C.P. (The items applicable to the undersigned are checked, and the information called for is furnished under penalties of perjury.)

1. Basis for indigency: I am unable to pay a court cost deposit because:

() I am presently receiving government entitlement based on indigency, to Wit: (Describe nature and amount of government entitlement.)

() 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 _____;

() I am employed; I work for:

Name of Company _____

Address _____ Telephone _____

The nature of my job is _____

The income I receive from this job is \$ _____ per _____

3. Income from other sources other than employment:

() I have no income, which is derived from sources other than employment, such as interest, dividends, annuities, etc.

() I have income derived from sources other than employment as follows:

<u>Type of Income</u>	<u>Amount Per Period</u>
_____	_____
_____	_____

4. Spouse's Income:

- () I have no legal spouse
- () My spouse has no income
- () My spouse has income as follows

<u>Type of Income</u>	<u>Amount Per Period</u>
_____	_____
_____	_____

5. Property:

- () I own no property and no interest in any property
- () I own the following interest in property

Real Estate _____

Motor Vehicles _____

Stocks and/or Bonds _____

Other _____

Cash _____

6. Bank Accounts:

<u>Bank</u>	<u>Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Dependents:

- () I have no dependents
- () I have the following dependents

<u>Name and Age</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

8. () I have no debts
- () I have the following debts

Creditor

Amount

9. I have the following monthly expenses:

Type of Expenses

Amount Per Month

Signed this the _____ day of _____, _____.

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

Affiant Signature

Printed Name

Address

Sworn and subscribed before me this the _____ day of _____, _____.

Notary Public in and for the
State of Texas

My Commission Expires: _____

ATTORNEY FOR THE AFFIANT SHALL CERTIFY THE CONDITIONS UNDER WHICH HE/SHE REPRESENTS THE AFFIANT. ATTACH SEPARATE CERTIFICATE.