Use this form to ask for a court-appointed attorney.

Case No: _____
(PRINT court information exactly as it appears on your Petition)

In the Interest of _____ §
_____ §
_____ **Child(ren)** §

In the _____ District Court
of _____ County, Texas

Affidavit of Indigence and Request for Court-Appointed Attorney

State of Texas

County of _____
(Print the name of county where this is notarized.)

BEFORE ME, the undersigned Notary, on this day _____
personally appeared and swore that the following statements are true. *(**Print** your first and last name. ↑)*

"I understand that I can be held criminally responsible if I lie in this statement. This statement is true.

❶ ☐ I get this financial help from the government: _____
(**List** financial help you get from the government. ↑)

OR

☐ I **do not** get financial help from the government.

❷ **Including myself, I have (# of) ____ dependents.**

You must circle YES or NO for each of the statements below:

❸
YES / NO I am the respondent in a suit by the government regarding my parental rights.
YES / NO I oppose the suit by the government regarding my parental rights.
YES / NO I DO NOT oppose the suit by the government regarding my parental rights.
YES / NO I ask the court to appoint an attorney to represent me in the suit by the government regarding my parental rights.

My income, resources, and expenses are described below.

❹ **Monthly Income**

	Describe source of income:	**Amount**
Net Employment		$
Public Benefits		$
Other Income		$
* Spouse's Income		$

* List your spouse's income ONLY IF your spouse contributes to your household income.

Total Monthly Income → $

❺ **Property**

Cars or Trucks	Year: _____ Make: _____	Year: _____ Make: _____
Checking Account	*Amount:* $_____	*Bank*: _____
Savings Account	*Amount:* $_____	*Bank:* _____
Cash	*Amount:* $_____	

Other Property, including _____
(Do not list the home where you live) _____
_____

This form is used to request a court appointed attorney in CPS cases.
Revised 11/7/07

❻ Monthly Expenses

Rent/Mortgage	$ _____	Utilities	$ _____
Car Payment	$ _____	Medical/Dental	$ _____
Transportation	$ _____	Clothing/Laundry	$ _____
Insurance	$ _____	Child Care	$ _____
Food	$ _____	Other	$ _____

***Total Monthly Expenses*→** $

❼ My debts and child support obligations are:

Who do you make payments to? (Do not include house payments and automobile payments)	Amount of monthly payment
Creditor _____	$
Creditor _____	$
Creditor _____	$
Creditor _____	$
Total Monthly Debt Payment →	$

❽ "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 (SIGN your full name. DO NOT SIGN until you are in front of a notary.)

State of Texas
County of _____
(Print the name of county where this is notarized.)

SWORN to and SUBSCRIBED before me, the undersigned authority, on this date _____ by

_____
*(**Print** first and last names of the person signing this affidavit.)*

_____
Notary Public, State of Texas (Notary's signature) *(Notary's seal must be included)*

(For Court Use Only)

☐ Qualifies for court-appointed attorney. Date: _____

☐ Does NOT qualify for court-appointed attorney. Date: _____