

Check all boxes that apply. PRINT your answers.

Use this form to ask for a court-appointed attorney in a CPS case ONLY.

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

In the Interest of _____

In the _____ District Court
of Travis County, Texas

Affidavit of Indigency and Request for Court-Appointed Attorney

I am unable to pay court costs. I declare **under penalty of perjury** that the statements made in this Affidavit of Indigency are true and correct.

My name is: _____
First Middle Last

My address is: _____
Address City State Zip Country

I can be reached by telephone at: (_____) _____ or (_____) _____.

My date of birth is: ____/____/____. My email address is: _____

- Yes No This lawsuit was filed by the Texas Department of Family & Protective Services (DFPS).
- Yes No I am named in the lawsuit as a parent or alleged parent of one or more children in the suit.
- Yes No I oppose the actions sought by DFPS in this lawsuit to terminate or limit my parental rights.
- Yes No I am asking the Court to appoint a court-paid attorney to represent me.

1 List each of the people other than yourself who live in your household.

Do you provide more than half of their financial support?

Name	Age	Relationship to me	<i>Do you provide more than half of their financial support?</i>	
a) _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 I currently receive these public benefits/government entitlements that are based on indigency:

(Check all that apply)

- Food Stamps/SNAP
- SSI
- TANF
- WIC
- Medicaid
- CHIP
- Public Housing
- AABD
- Emergency Assistance
- LIS in Medicare (“Extra Help”)
- Community Care via DADS
- Needs-based VA Pension
- Low-Income Energy Assistance
- County Assistance, County Health Care, or General Assistance
- Child Care Assistance via Child Care and Development Block Grant
- Other _____

(Describe and attach proof)

OR I do NOT received public benefits based on indigency.

3 My income sources are:

Wages	Job Title	Employer’s Name
1 st job: I work as a _____	_____	_____
2 nd job: I work as a _____	_____	_____

Or I am unemployed. I have been unemployed since: (date) ____ / ____ / ____

- My other income sources are:** Child/spousal support Worker's comp Disability
 Tips/bonuses Unemployment Social Security Retirement/pension
 My spouse's income or income from another member of my household (*if available*) Military housing
 Dividends/interest/royalties Other income (*Describe*): _____

4 My income amounts are :

\$ _____ is my total monthly net income from all **WAGES** after taxes are taken out
+ \$ _____ is amount of income I receive each month in **PUBLIC BENEFITS**
_____ is the amount of income I receive **FROM OTHER PEOPLE** in my household (*List this income only if other members contribute to your household.*)
+ \$ _____
+ \$ _____ is the amount of income I receive each month from **OTHER SOURCES**.
= \$ _____ is my **TOTAL** monthly income.

5 My property includes:

The total value* of my property is described below:

**The value is the amount the item would sell for minus the amount you still owe on it (if anything)*

	Value*
Cash	\$ _____
Bank accounts, assets	\$ _____
_____	\$ _____
Vehicles (ex: car, boat) (<i>make, model, year</i>)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Real estate (ex: house, land)	
_____	\$ _____
_____	\$ _____
Other property (<i>jewelry, stocks</i>):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total value of property = \$ _____

6 My Debts include:

	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____

7 My monthly expenses are:

	Amount
Rent/house payments, maintenance	\$ _____
Food, household supplies	\$ _____
Utilities, telephone, cell phone	\$ _____
Clothing, laundry	\$ _____
Medical/dental expenses	\$ _____
Insurance (ex: life, health, auto)	\$ _____
School/child care	\$ _____
Vehicle payment(s)	\$ _____
Gas, bus fare, auto repair	\$ _____
Child/spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments	\$ _____
Other expenses:	\$ _____

Total monthly expenses = \$ _____

8 To list any other facts you want the Court to know (ex: unusual medical expenses, family emergencies), attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. →

Unsworn Declaration in Lieu of Notarized Statement (Texas CPRC 132.001)

My Name is: _____ My date of birth is: _____

My address is: _____

My email address is: _____

If an inmate: My inmate identification number is _____ I am incarcerated at: _____
Facility Name and Address _____

I declare under penalty of perjury that all information in this Unsworn Affidavit of Indigency and Request for Court-Appointed Attorney is within my personal knowledge and is true and correct.

Completed and formally signed on _____ (date) in _____ County _____ State

Signature _____

<p>(For Court Use Only) Date: _____</p> <input type="checkbox"/> Qualifies for court-appointed attorney. <input type="checkbox"/> Does NOT qualify for court-appointed attorney.
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