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.

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

	Name	***Age***	***Relationship to me***	***Do you provide more than half of their financial support?***
a)				☒ Yes ☐ No
b)				☒ Yes ☐ No
c)				☒ Yes ☐ No
d)				☒ Yes ☐ No
e)				☒ Yes ☐ No
f)				☒ Yes ☐ No

❷ 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.

❸ My income sources are:

Wages **Job Title** **Employer's Name**

1st job: I work as a _____ for _____

2nd job: I work as a _____ for _____

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)***: _____

❹ 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.

❺ 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)* ***(make, model, year)***	
	$
	$
	$
Real estate ***(ex: house, land)***	
	$
	$
Other property ***(jewelry, stocks)***:	
	$
	$
	$
	$
	$
Total value of property =	$

❻ My Debts include:

	Amount Owed
	$
	$
	$
	$

❼ 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 =	$

❽ *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 _____ in _____ County _____
(date) *County Name* *State*

▶ _____
Signature

(For Court Use Only) Date: _____
☐ Qualifies for court-appointed attorney.
☐ Does NOT qualify for court-appointed attorney.