



JUDGE DIANA RINCHE-MCGINNIS
JUSTICE OF THE PEACE PCT 2
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FORM NO. _____ AFFIDAVIT OF INABILITY TO PAY COSTS
Rule 145, T.R.C.P.

CAUSE NO. _____

_____	§	IN THE JUSTICE
LANDLORD	§	
v.	§	PCT. ____, PL. ____
_____	§	_____ COUNTY, TEXAS
TENANTS		

AFFIDAVIT OF INABILITY TO PAY COSTS

I, _____, am Plaintiff/Defendant in the above-styled and number cause, and I am unable to pay the court costs therein. I verify that the statements made in this affidavit are true and correct.

Tenant's Identity

Full Name:	
Address: Zip Code	City, State, and
Home Telephone:	Cellular Phone:
Former Address:	
Date of Birth:	Place of Birth:
Employer:	
Employment Address:	
Work Telephone:	Job Title or Duties:

Supervisor's Name:	

Tenant's Income

Monthly earnings:	Amount:
Other income: Description:	Amount:

Spouse's Income and Identity

Spouse's monthly earnings:	
Other income: Description:	Amount:
Spouse's Name:	
Spouse's Address: Zip Code	City, State, and
Spouse's Home Telephone:	Spouse's Cellular Phone:
Spouse's Employer:	
Spouse's Employment Address:	
Spouse's Work Telephone:	Spouse's Supervisor's Name:

Government Entitlement Income

Unemployment Benefits:	Benefit Amount:
AFDC:	
Social Security:	
Disability:	
Veteran's Benefits:	
Child Support:	

Other -- Description:	Amount:
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All Other Income of Tenant

Description:	Amount:
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Accounts in Financial Institutions

Checking Accounts: Name of Financial Institution:	Account Number:	Current Balance:
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Saving Accounts: Name of Financial Institution:	Account Number:	Current Balance:
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Real Property Owned by Tenant

Description:	Address:	Value:
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Personal Property Owned by Tenant (*other than household furnishings, clothes, tools of a trade, or personal effects*)

Description:	Value:
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Debts

Description:	Total Due:	Monthly Payment:
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Monthly Expenses (*for example, food, transportation, child care, health care, etc.*)

Description:	Amount:
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Dependants of Tenant

Name:	Address:	Age:	Relationship:
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Date Completed: _____

Signature of Tenant

THE STATE OF TEXAS §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, who upon oath, stated that he/she is the Tenant making this Pauper's Affidavit and that the information provided is true and correct.

SWORN TO AND SUBSCRIBED before me on the _____ day of _____.

Notary Public in and for
State of Texas
Notary's Name (printed):

My commission expires: _____