

Statement of Inability to Pay (Appeal) Rule 506.1

Instructions: A party who is unable to furnish a bond or make a cash deposit to appeal, may file a Sworn Statement of Inability to Pay containing complete information as to the party's identity, nature and amount of governmental entitlement income, nature and amount of employment income, other income (interest, dividends, etc.), spouse's income if available to the party, property owned (other than homestead), cash or checking account, dependents, debts, and monthly expenses. If the party filed a Sworn Statement of Inability to Pay with the Petition initiating the case, a copy of that Sworn Statement may be used to file the appeal. Contest: The Statement of Inability to Pay may be contested within 7 days after the opposing party received notice that the Statement was filed and a hearing will be held to determine if the appeal should go forward based on the Statement. If the Court determines that the appealing party may not proceed based on the Statement (the contest is sustained), the appellant may appeal that decision by filing notice with the Justice Court within 7 days of the decision. The Court will forward all related materials to the County Civil Courts at Law for resolution. The County Civil Courts at Law will set a hearing within 14 days and rehear the contest.

NO. _____

	§	IN THE JUSTICE COURT OF
PLAINTIFF	§	
VS.	§	OF HARRIS COUNTY, TEXAS
	§	
	§	PRECINCT ____ PLACE ____
DEFENDANT	§	

STATEMENT OF INABILITY TO PAY (APPEAL)

My name is _____. I am unable to pay, furnish a bond or make a cash deposit to appeal a judgment. I am giving the following information under oath:

1. Identity.

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

Spouse's Name:	
Spouse's Address:	City, State, and Zip Code
Spouse's Home Telephone:	Spouse's Cellular Phone:
Spouse's Employer:	
Spouse's Employment Address:	

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Spouse's Work Telephone:	Spouse's Supervisor's Name:
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2. Income.

Monthly earnings:	
Other income: Description:	Amount:

3. Spouse's Income.

Spouse's monthly earnings:	
Other income: Description:	Amount:

4. Government Entitlement Income.

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

Other: Description:	Amount:
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5. All Other Income (Interest, Dividends, etc.).

Description:	Amount:
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6. Accounts in Financial Institutions.

Checking Accounts: Financial Institution:	Account Number:	Current Balance:
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Saving Accounts: Financial Institution:	Account Number:	Current Balance:
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7. Real Property Owned other than Homestead.

Description:	Address:	Value:
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Personal Property owned (other than household furnishings, clothes, tools of a trade, or personal effects).

Description:	Value:
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8. Debts.

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

Description:	Amount:
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10. Dependants.

Name:	Address:	Age:	Relationship:
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Date Completed:

Signature

THE STATE OF TEXAS §
COUNTY OF HARRIS §

BEFORE ME, the undersigned authority, personally appeared _____, who upon oath, stated that the information provided in this Statement is true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME on _____.

NOTARY PUBLIC, State of Texas

DECLARATION OF APPELLANT

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip Code: _____

I declare under penalty of perjury that the information provided in the foregoing Statement of Inability to Pay is true and correct.

Executed on _____, in _____ County, Texas, on _____.

Declarant

IOLTA CERTIFICATE

I hereby certify that _____ [*party filing inability to pay*] has been screened for income eligibility under the IOLTA income guidelines.

SIGNED on _____ .

Attorney _____ [*Printed Name*]

[*Address*]

[*Telephone Number*]

[*Fax Number*]

[*State Bar Number*]