

**Statement of Inability to Pay (On Filing Petition) Rule 502.3**

**Note:** A plaintiff who is unable to pay the fees for filing a lawsuit must 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 is represented by an attorney who is providing free legal services because of the party's indigence, the attorney may file an IOLTA certificate confirming that the IOLTA funded program screened the party for income eligibility. A party's affidavit of inability accompanied by an attorney's IOLTA certificate may not be contested.

Contest: The defendant may file a contest of the statement of inability to pay at any time within 7 days after the day the defendant's answer is due or the judge may examine the statement and conduct a hearing to determine the plaintiff's ability to pay. If it is determined that the plaintiff is able to afford the fees, the plaintiff must pay the fees within the time specified in the judge's order or the case will be dismissed without prejudice.

NO. \_\_\_\_\_

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

**STATEMENT OF INABILITY TO PAY COSTS – ORIGINAL ACTION**

My name is \_\_\_\_\_. I am unable to pay the filing fees and service fees for filing an original action. 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:	

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Spouse's Employment Address:	
Spouse's Work Telephone:	Spouse's Supervisor's Name:

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 Affidavit is true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas

**DECLARATION OF PLAINTIFF**

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*]