

CAUSE NO. _____

IN THE INTEREST OF

CHILD(REN)

§ IN THE FAMILY COURT OF

§

§

GALVESTON COUNTY, TEXAS

§

§

306th JUDICIAL DISTRICT

**AFFIDAVIT OF INABILITY TO PAY ATTORNEY'S FEES
AND FOR COURT APPOINTED ATTORNEY**

BEFORE ME the undersigned authority, who after being by me duly sworn, stated under oath that (s)he is unable to pay the costs or fees of an attorney in this cause and in support thereof (s)he would show the following:

1. Name: _____ Social Security No.: _____
Other names used by you: _____
Address: _____
Phone number(s): _____
Date of Birth: _____
2. Kind and amount of government and/or income you receive for any and all sources: (TANF, AFDC, Food Stamps, etc.) _____

3. Your employer (name and address) and the amount of your income: _____ \$ _____
Are you paid Weekly Bi-weekly Monthly How much did you make last year: \$ _____
4. Other income such as child support : How much and from whom? \$ _____

5. Spouses name and income (if you are married and living with a spouse): _____

6. Property owned (car, furniture, house, bank accounts): _____

7. Names of your children and their dates of birth: _____

8. Are you currently paying any child support? YES NO
9. Debts owed (include parole and probation fees, if any) _____
10. Monthly expenses: _____

11. Other facts that support your application (recent emergencies, medical needs, etc.): _____

12. I have applied for loan for court costs and/or attorney's fees with (name of bank or agency): _____

I was able / was NOT able to receive a loan in the amount of \$ _____

I, _____ AM UNABLE TO PAY THE COURT COSTS OR HIRE AN ATTORNEY. I VERIFY THAT THE STATEMENTS MADE HEREIN UNDER OATH ARE TRUE AND CORRECT.

DATE SIGNED: _____.

Signature of Affiant

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____, _____.

Notary Public, State of Texas