NO				
Di i dee	§ 8	IN THE JUSTICE COURT		
Plaintiff Vs.	§ §	PRECINCT PLACE		
	§			
 Defendant	§ §	HAYS COUNTY, TEXAS		
<u>STATEMEN</u>	T OF INABILITY TO I	<u>PAY</u>		
Plaintiff/Defendant				
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 P	Phone:		
Spouse's Employer:				
Spouse's Employment Address:				
Spouse's Work Telephone:	e: Spouse's Supervisor's Name:			
Income				
Monthly Amount: Earnings				
Other Income: Description:		Amount:		
Description:		Amount:		
C				
Spouse's Income Spouse's Monthly Earnings:				
Other Income:		1		
Description:		Amount:		
Description:		Amount:		

Government Entitle	nent Income						
Unemployment Benefits	Benefit Amount						
AFDC:							
Social Security:							
Disability:							
Veteran's Benefits:							
Child Support:							
Other - Description:			Amount				
All Other Income							
Description:		Amount:					
Description:			Amount:				
Description:			Amount:				
Accounts in Financia	ll Institutions						
Checking Accounts: Financial Institution:	Account Number:		Current Balance:				
Saving Accounts: Financial Institution:	Account Number:	(Current Balance:				
Real Property Owne	d other than Homestead						
Description:	Address:		Value:				
Personal Property (a	ther than household furnishings,	clothes tools of a trade of	r norsanal offacts)				
Description:	mer man nousenous jarnisnings,	cioines, tooks of a trace, o	Value:				
Description:			Value:				
Description:			Value:				
Debts			1				
Description:			Value:				
Description:			Value:				
Description:			Value:				
Description:			Value:				
Description:			Value:				
Description:			Value:				
Description:			Value:				

Monthly Expenses (for example	e, food, transportation	. child care, health	care. etc.)			
Description:				Amount:		
Description:			An	Amount:		
Description:			An	Amount:		
Description:			Amount:			
Description:			Amount:			
Description:			An	Amount:		
Description:			An	Amount:		
Description:	Description:			Amount:		
Dependants:			<u> </u>			
Name:	Address:			Age:	Relationship:	
Name:	Address:			Age:	Relationship:	
Name:	Address:			Age:	Relationship:	
Name:	Address:			Age:	Relationship:	
Name:	Address:			Age:	Relationship:	
	1			l		
Ι,	. Defe	ndant in the abov	e-styled an	d numbe	ered cause. am	
unable to pay the court fees.			·			
contain complete information	•				ŕ	
etc.), spouse's income if availa						
account, dependents, debts, ar	nd monthly expense	es.				
D . C . 1 . 1		<u> </u>				
Date Completed		Signature				
STATE OF TEXAS		% %				
COUNTY OF HAYS		§ 8				
BEFORE ME, the undersigned	who upon oa	th, stated that he/sl	he is the ten		ng this Sworn	
Statement of Inability to Pay an		-				
SWORN TO AND SUBSCRIBE	D before me this	day of		_, 20,		
Judge's Initials						
Court Clerk/Notary Public					c	