

NOTICE OF APPEAL – STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS - CIVIL

CASE NUMBER: _____

PLAINTIFF (S)

V

DEFENDANT(S)

IN THE JUSTICE COURT

PRECINCT 1

TARRANT COUNTY, TEXAS

On the _____ day of _____, 20_____, in the above-styled and numbered cause, before the Judge of Justice Court, Precinct 1, Tarrant County, State of Texas, _____ recovered a judgment against _____ for the sum of \$ _____ and court costs \$ _____, from which judgment the appellant, **Plaintiff / Defendant (circle one)** _____ hereby gives notice of appeal of the court's ruling to the County Court at Law of Tarrant County, Texas.

Now, before me, the undersigned authority, appeared _____

Plaintiff / Defendant (circle one), as appellant, enters this Notice of Appeal upon Statement of Inability

To Afford payment of Court Costs for **Appeal Bond and Filing Fee** to appeal to the County Court of Tarrant County, Texas. The appellant

is unable to pay the costs of appeal and any part thereof, or to give security thereof or any part thereof.

DECLARATION: I declare under penalty of perjury that the foregoing is true and correct and the tenant's good faith belief that the tenant has a meritorious defense and that the appeal is not for purpose of delay.

Appellant signature: _____

Appellant print name: _____

Address: _____

Phone number (cell/home/work): _____

Note: Pursuant to Texas Rules Of Civil Procedure 506.1 (d), a Statement of Inability To Afford Payment of Court Costs must be filed with this appeal bond.

After considering this Notice of Appeal, the court finds and hereby orders that the same be **GRANTED/DENIED**.

Signed this _____ day of _____, 20_____.

Judge Ralph Swearingin Jr. - Justice Court, Precinct 1
100 W Weatherford St, Room 450
Fort Worth, TX 76196

Revised 12/2025 DR

CASE NO. _____

PLAINTIFF

JUSTICE COURT

V.

PRECINCT 1

DEFENDANT

TARRANT COUNTY, TEXAS

****SWORN STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS****

T.R.C.P. 502

WARNING: Read Texas Rules of Civil Procedure 502.3 before filling out this form.

FAMILY/EMPLOYMENT INFORMATION

Name: _____ DOB: ____/____/____

Your Telephone Number: _____

I am (check one): ____ Married ____ Single ____ Divorced

Number of Children: ____ Any other Dependent(s) and age(s): _____

PUBLIC BENEFITS, INCOME, AND DEBTS

“My **income sources** are stated below (check all that apply).

Unemployed since: _____

-or-

Wages: I work as a _____ for _____
Your Job title Your employer

My Earnings are: \$ _____ Weekly/Bi Wkly Monthly: _____

Spouse employed by: _____

Address of Employer: _____

His/Her Earnings Are \$ _____ Weekly/Bi Wkly Monthly: _____

I HAVE OTHER INCOME AS FOLLOWS (amount and source of income): _____

Example: child/spousal support, tips/bonuses, retirement/pension, etc.

Do you receive governmental income or subsidy: ____ YES ____ NO

“I receive these public benefits/government entitlements that are based on indigency:

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

SSI	Medicaid	Public Housing	Food Stamps/SNAP
WIC	CHIP	Emergency Assistance	Needs-based VA Pension
TANF	AABD	LIS in Medicare	Community Care via DADS
County Assistance, County Health Care, or General Assistance			Low Income Energy Assistance
Child Care Assistance under Child Care and Development Block Grant			
Other: _____			

(OVER)

Amount of Monthly Court Ordered Support: \$ _____

“My **income amounts** are stated below.

(A) My **monthly take-home wages**:

(B) The amount I receive each month in **public benefits** is:

(C) The amount of income from **other people in my household**:

(List this income only if other members contribute to your household income)

(D) The amount I receive each month from **other sources** is:

(E) My **TOTAL monthly income**:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

“My **property** includes:

Value*

Cash \$ _____

Bank accounts, other financial assets (List) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Vehicles (cars, boats, etc.) (List make and year) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other property (jewelry, stocks, animals, etc.) (Describe) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

“My **monthly expenses** are:

Amount*

Rent/house payments/maintenance \$ _____

Food and household supplies \$ _____

Utilities and telephone \$ _____

Clothing and laundry \$ _____

Medical/Dental expenses \$ _____

Insurance (Life, health, auto) \$ _____

School and child care \$ _____

Transportation, auto repair, gas \$ _____

Child/spousal support \$ _____

Wages withheld by court order \$ _____

Debt payments paid to: (List) \$ _____

_____ \$ _____

_____ \$ _____

* **Total value of property** =

\$ _____

***Total monthly expenses** =

\$ _____

Representation By Legal-Aid Attorney

Only fill out this section if (a) you are being represented in this case by an attorney who works for a legal-aid provider or who received your case through a legal-aid provider; or (b) you applied for representation through a legal-aid provider and were determined to be financially eligible, but the legal-aid provider was unable to take your case. If you are not being represented in this case by a legal-aid attorney or have not sought representation through a legal-aid provider, do not complete this section.

Check the box that applies. Attach the certificate that the legal-aid provider gave you and label it “Exhibit: Legal-Aid Certificate.”

“I am being represented in this case for free by an attorney who works for a legal-aid provider or who received my case through a legal-aid provider.”

-or-

“I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case.”

(NEXT PAGE)

***IF THIS IS A RESIDENTIAL EVICTION FOR NONPAYMENT OF RENT, WHEN THE STATEMENT OF INABILITY IS GRANTED, YOU ARE RESPONSIBLE FOR THE PAYMENT OF ONE MONTH'S RENT. (T.R.C.P. 510.9 and T.P.C. 24.0053)**

IF YOU ARE SUCCESSFUL IN RECOVERING MONIES FOR YOUR DAMAGES, YOU ARE RESPONSIBLE FOR PAYING THE COURT COSTS ASSOCIATED WITH YOUR JUDGMENT.*

VERIFICATION

Important: You must swear that the information in this statement is true “under penalty of perjury.” “Perjury” means lying to a judge, and it is a crime. If you swear that a statement is true “under penalty of perjury,” and you make the statement knowing that it is false, you could be prosecuted in a criminal court.

Check all boxes that apply.

“I cannot afford to pay any court costs.”

“I can only afford to pay some court costs. I cannot afford to pay all court costs.”

“I can only pay court costs over time in installments.”

My name is _____ (First) _____ (Middle) _____ (Last)

My date of birth is _____, and my address is _____

_____ (Street), _____ (City), _____ (State),

_____ (Zip Code), and _____ (Country).

DECLARATION: I declare under penalty of perjury that the foregoing is true and correct and the tenant's good faith belief that the tenant has a meritorious defense and that the appeal is not for purpose of delay.

Executed in _____ County, State of _____, on the _____ day of _____

(Month), _____ (Year).

Declarant

*****For Court Use Only*****

Note: Pursuant to Texas Rules Of Civil Procedure 502.3 Institution of Suit (d) Contest. ***Unless a certificate of Legal-Aid provider is filed, the defendant may file a contest of the Statement at any time within 7 days after the day the defendant's answer is due.***

After considering the Statement of Inability to Afford Payment of Court Costs, the court finds and hereby orders that the same be **APPROVED/DENIED.**

Signed this _____ day of _____, 20_____.

Judge Ralph Swearingin Jr. - Justice Court, Precinct 1

100 W Weatherford St, Room 450

Fort Worth, TX 76196