

**NOTICE OF APPEAL - STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS - EVICTION**

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 510.9(c) and 502.3(b), **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

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**:

\$ _____
\$ _____
\$ _____
\$ _____
<b>\$ _____</b>

“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)

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\* **Total value of property** =

\$ \_\_\_\_\_

“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 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**