

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

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF (S)

IN THE JUSTICE COURT

V

PRECINCT 1

\_\_\_\_\_  
DEFENDANT(S)

TARRANT COUNTY, TEXAS

**THE BELOW FORM MUST BE FILED OUT COMPLETELY AND CORRECTLY, A COPY OF THE JUDGMENT CAN BE USEFUL WHEN FILLING OUT THIS FORM.**

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.

**NOTICE:** Pursuant to Texas Property Code Section 24.0053 Appeal of a Residential Eviction For Nonpayment of Rent, All Appeals of Residential Eviction for Nonpayment of Rent Filed by Appeal Bond or Statement of Inability to Afford Payment of Court Costs, You **MUST** do the Following:

**(initial all lines below)**

- \_\_\_\_ 1. APPELLANT MUST PAY THE MONTHLY RENTAL AMOUNT AS STATED IN THE JUDGMENT, INTO THE JUSTICE COURT REGISTRY BY NO LATER THAN 4:30PM ON THE 5<sup>TH</sup> DAY AFTER THE NOTICE OF APPEAL IS FILED AND ACCEPTED.

CONTINUE TO NEXT PAGE

\_\_\_\_ 2. SAID AMOUNT IS TO BE PAID IN CASH, CASHIER'S CHECK, OR MONEY ORDER ONLY. If paid by cashier's check or money order, make sure your payment is made payable to "justice court one."

\_\_\_\_ 3. Please note that this court can only accept payments Monday thru Friday from 8:00 a.m. until 4:30 p.m. If your fifth day falls on a Saturday, Sunday, or county holiday, you will have until the next business day to make the payment. \*No exceptions can be made.

*To get the exact amount and date your one Month's Rent is due, please contact our Court at 817-884-1395.*

I \_\_\_\_\_, Plaintiff / Defendant (circle one) UNDERSTAND THAT FAILURE TO PAY THE REQUIRED AMOUNT INTO THE JUSTICE COURT REGISTRY BY THE DATE PRESCRIBED BY SUBDIVISION (3) MAY RESULT IN THE COURT ISSUING A WRIT OF POSSESSION WITHOUT HEARING.

Witness our hands, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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.***

**COURT USE ONLY**

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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:

|  | <b>Value*</b> |
|--|---------------|
| 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:

|                                  | <b>Amount*</b> |
|----------------------------------|----------------|
| 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.**

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**