

NOTICE OF APPEAL – TOWED / BOOTED VEHICLE

Towed/Booted Vehicle Appeal under Chapter 2308.459 Occupational Code

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.

The undersigned, **appellant**, _____, gives notice of intention to appeal the Finding of Facts and Conclusions of Law and Award entered in this proceeding on _____ in the Justice Court Precinct 1. The appellant requests that the Court **Date order or Judgment Signed** prepare and forward the papers in this proceeding to the County Court at Law, Tarrant County, Texas.

Witness our hands, this _____ day of _____, 20 _____.

Appellant signature: _____

Appellant print name: _____

Address: _____

Phone number (cell/home/work): _____

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

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.

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**