

Gary Cunha, P.C.
Family Law Client Information Sheet

Your information

Full Legal Name: _____

Maiden & Other Name(s) used: _____

Address: _____

Mailing Address: SAME or _____

Phone: home: _____ work: _____ cell: _____

Email: _____ pager: _____ fax: _____

Social Security: _____ Drivers License: _____ TX _____

DOB: _____ Place of Birth (city/state): _____

Race/Ethnicity: _____

How long have you lived in Texas? _____ years _____ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: _____

How long have you lived in that county? _____ years _____ months

Employment Information

Employer: _____ Phone: _____

Work Address: _____

Job Title: _____ How long? _____

Gross Monthly Salary \$ _____ other benefits: _____

Self employed: Sole Proprietor / Partnership / LLC / Corporation / Other: _____

Service or Products you offer: _____

Year business started: _____ Spousal involvement: _____

Your Education (include schools and degrees earned): _____

Prior Marriages

Number of previous marriages: _____ Year last one ended: _____

Reason last one ended: Death / Divorce / Annulment / Other: _____

Spouse/Opposing Party Information

Full Legal Name: _____

Maiden & Other Name(s) used: _____

Address: _____

Mailing Address: SAME or _____

Phone: home: _____ work: _____ cell: _____

Email: _____ pager: _____ fax: _____

Social Security: _____ Drivers License: _____ TX

DOB: _____ Place of Birth (city/state): _____

Race/Ethnicity: _____

How long lived in Texas? _____ years _____ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: _____

How long lived in that county? _____ years _____ months

Spouse/Opposing Party Employment Information

Employer: _____ Phone: _____

Work Address: _____

Job Title: _____ How long? _____

Gross Monthly Salary \$ _____ other benefits: _____

Self Employed: Sole Proprietor / Partnership / LLC / Corporation / Other: _____

Service or Products offered: _____

Year business started: _____ Your involvement: _____

Education (include schools and degrees earned): _____

Spouse/Opposing Attorney: _____

Address: _____

Phone: _____

Current Marriage Information

Date and Place marriage took place: _____

Date of Separation: _____ Marriage Counselor? Y / N Name: _____

Problems you are having (all that apply): Infidelity / Arguments / Financial / Abuse _____

Imprisonment of Spouse / Abandonment / Other: _____

Is the Wife pregnant? Y / N Expected Due Date: _____

Is a man besides the Husband possibly the father? Y / N His name: _____

Have you or your spouse ever engaged in abusive behavior or domestic violence? Y / N

If so, was it reported to social services, police, or other? Y / N Agency: _____

Details: _____

List property and value (besides personal effects of ordinary value) owned by children:

What kind of child custody arrangements do you want? _____

Do you expect a dispute over custody? Y / N

Your religion: _____ Spouse Religion: _____

How much child support do you expect to pay \$ _____ receive \$ _____

If any child has a physical or mental disability, describe it, the treatment, and cost of treatment: _____

Does anyone have a court-ordered relationship with any of your children? Y / N

If so, name, name of child affected, date and court: _____

Health Insurance Information

Insurance Company Name: _____ Policy # _____

Provided by Husband / Wife Monthly Premium \$ _____ Coverage Dates: _____

Does this policy cover everyone in the family? Y / N If no, list all other policies on back.

Please attach copies of court orders, pre-marital agreements, other agreements.

Children (yours, your spouses, those you had together, and any that are involved in this case)

Child's full name: _____ SS# _____ M / F _____

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F _____

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F _____

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F _____

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Do you want a name change? Y / N If yes, new name:_____

Does your spouse want a name change? Y / N If yes, new name:_____

The standard child possession order is joint managing conservators with one parent having the children on the 1st, 3rd, and 5th weekends, and every Thursday from 6-8pm. Is there a reason to deviate from the standard order? Y / N If yes, please explain:_____

Do we need to set up passport restrictions in the final order? Y / N If yes, please explain who you want to be able to apply for a passport: me / my spouse Other restrictions:_____

Do we need to conduct discovery on your spouse? Y / N If yes, please note what we need to obtain:

bank statements tax returns pay stubs other financial documents:_____

loan papers credit card statements phone records police reports criminal records

medical records rental agreements

other:_____

Do you want a geographic restriction (limit where you and spouse can live after divorce)? Y / N

What limits do you want:_____

Do you want to limit overnight visitors of the opposite sex during periods of child custody? Y / N

Explain:_____

Do you want other restrictions on child visitation? Y / N Explain:_____

I. GENERAL INSTRUCTIONS.

Accurate information concerning property and debts is very important in divorce cases. Please fill out the attached form as completely as you can, drawing on any source of information to which you have access. **Do not enlist your spouse's help unless I specifically permit it. DO NOT LET ANYONE SEE THIS DOCUMENT. YOUR INVENTORY AND APPRAISEMENT IS A CONFIDENTIAL MATTER BETWEEN YOU AND YOUR ATTORNEY.** Be cautious: you and your spouse are now legal adversaries, and you should verify all information on your own. Especially when it comes to questions of the present value of property, you should make your own independent estimate.

The attached form provides for only a few items under each type of property. If you need to provide additional information, photocopy an extra page or use a separate piece of paper and number the information as it is numbered on the inventory. If you do not know the answer to an item, **DO NOT LEAVE IT BLANK**; write "I don't know."

This task will not be easy. Do not expect to complete the form at one sitting. Be assured, however, that your effort is necessary and worthwhile.

II. DEFINITIONS.

A. Separate property.

Generally, property acquired by a spouse before marriage and property a spouse acquired individually by gift or inheritance during marriage are considered to be separate property of that spouse. Separate property also consists of property that is acquired with separate property funds or assets and recoveries for personal injuries sustained by a spouse, except recovery loss of earning capacity during marriage. Written property agreements between spouses, such as premarital agreements or post marital agreements, can also create separate property which would otherwise be characterized as community property. If you or your spouse have any property you think is separate property, complete the sections marked "Separate Property of Husband" and "Separate Property of Wife."

B. Community Property.

All property that is not separate property is community property.

C. Fair Market Value.

A generally accepted definition of fair market value is the price at which the asset would change hands between a willing seller, under no compulsion to sell, and a willing buyer, under no compulsion to buy, with both parties having reasonable knowledge of the relevant facts. Use this value whenever possible. If an asset has no fair market value, state the actual value of the asset to you considering its present condition.

III. COPIES OF DOCUMENTS TO BE FURNISHED TO YOUR ATTORNEY.

If an asset has a statement of account, furnish a copy of the current statement of account with this Inventory and Appraisal. If an asset has a title document (deed, deed of trust, certificate of title to motor vehicle) furnish a copy with this Inventory and Appraisal.

If an asset has any document that can clearly identify it, furnish a copy with this Inventory and Appraisal.

Here is a checklist of copies of items you should furnish with this Inventory and Appraisal. Please supply the most current statement wherever applicable:

1. Financial institution statements;
2. Bank statements;
3. Current Keogh statements;
4. IRA statements;
5. SEP statements;
6. Certificate of deposit statements;
7. Company retirement benefits statements of account;
8. Life insurance policies and premium notices;
9. Broker statements;
10. Deeds;
11. Deeds of trust;
12. Mortgage company payment coupon books (usually one page is enough);
13. Certificates of title to motor vehicles;
14. Stocks;
15. Last statement from each creditor (bank credit cards, department store charge cards, gasoline credit cards, etc.);
16. Any other documents that may lead to the discovery of assets or liabilities.

IV. FULL DISCLOSURES.

We will rely on this Inventory and Appraisal to prepare your case. If you omit any asset, the court could set it aside to your spouse now or at a later date. If you omit a liability, you may be solely responsible for it.

V. TIME.

Please complete this Inventory and Appraisal as soon as possible.

Property Information

Real Estate

Address & Legal Description: _____

Record Owner: _____ Date Acquired: _____

How acquired and for what purpose: _____

Purchase price \$ _____ Fair Market Value \$ _____ Equity \$ _____

Source of funds used to acquire: _____

Mortgage Holder: _____ Payoff \$ _____ Monthly Pmt \$ _____

Insurance and Taxes (if not included in monthly pmt) \$ _____

Is any property "homestead" property? Y / N Which parcel: _____

If any property produces income, describe property interest and income: _____

Motor Vehicles, Boats, RV's, Airplanes

Year, Make, Model: _____

VIN: _____ License: _____ State: TX or: _____

Record owner: _____ Date Acquired: _____ Value \$ _____

Source of funds to purchase: _____

Amount owed \$ _____ Creditor Name: _____

Year, Make, Model: _____

VIN: _____ License: _____ State: TX or: _____

Record owner: _____ Date Acquired: _____ Value \$ _____

Source of funds to purchase: _____

Amount owed \$ _____ Creditor Name: _____

Year, Make, Model: _____

VIN: _____ License: _____ State: TX or: _____

Record owner: _____ Date Acquired: _____ Value \$ _____

Source of funds to purchase: _____

Amount owed \$ _____ Creditor Name: _____

Continue on back if you own additional

Bank Accounts

Name of Bank: _____ Acct# _____

Account Balance \$ _____ Names on Account: _____

Name of Bank: _____ Acct# _____

Account Balance \$ _____ Names on Account: _____

Name of Bank: _____ Acct# _____

Account Balance \$ _____ Names on Account: _____

Securities (Stocks, Bonds, etc.)

Name of Security: _____ Value \$ _____

Date Acquired: _____ Source of funds: _____

Location of securities: _____ Do you have access? Y / N

Account Numbers: _____

Name of Security: _____ Value \$ _____

Date Acquired: _____ Source of funds: _____

Location of securities: _____ Do you have access? Y / N

Account Numbers: _____

Name of Security: _____ Value \$ _____

Date Acquired: _____ Source of funds: _____

Location of securities: _____ Do you have access? Y / N

Account Numbers: _____

Name of Security: _____ Value \$ _____

Date Acquired: _____ Source of funds: _____

Location of securities: _____ Do you have access? Y / N

Account Numbers: _____

Life Insurance

Name of Insurer: _____ Type of Policy: term / whole / other: _____

Cash value of policy \$ _____ Monthly Premium \$ _____

Owner of policy: _____ Beneficiary: _____

Source of funds to acquire: _____

Other Investments

Nature of Investment: _____

Date made: _____ Source of Funds: _____

Value \$ _____ Amount of Encumbrance \$ _____

Retirement

Type of Benefit: _____ Which Spouse: _____

Value \$ _____ Date Begun: _____ Administrator: _____

Type of Benefit: _____ Which Spouse: _____

Value \$ _____ Date Begun: _____ Administrator: _____

Type of Benefit: _____ Which Spouse: _____

Value \$ _____ Date Begun: _____ Administrator: _____

Household Goods

Approximate value of household goods and furniture \$ _____

Items of Value

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

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Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Item: _____ Value \$ _____

When acquired: _____ Source of funds to purchase: _____

Separate Property

Property YOU acquired before this marriage, or property acquired by gift or inheritance after marriage:

Property YOUR SPOUSE acquired before this marriage, or property acquired by gift or inheritance after marriage:

Time Outside Texas

State any the dates, places you lived, and property acquired during that time:

Debts

Joint Debts

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Your Sole Debts

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Spouse Sole Debts

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Community Issues

Have you made gifts of community property without your spouses consent? Y / N

Gifts: _____

Has your spouse made gifts of community property without your consent? Y / N

Gifts: _____

Have you filed all tax returns for all previous years? Y / N

Do you expect any tax refunds? Y / N Amount \$ _____

Do you have copies of all tax returns? Y / N

Have you been notified of an IRS Audit? Y / N For which years? _____

Do you and/or your spouse have a safe deposit box? Y / N

Contents: _____

Are you owed any wages, commissions, or accrued pay? Y / N

Amount/Sources: _____

Is your spouse owed any wages, commissions, or accrued pay? Y / N

Amount/Sources: _____

Any lawsuits pending? Y / N Nature of suit(s): _____

Any judgments against you or your spouse? Y / N Nature: _____

During marriage, did you or your spouse receive an award for personal injury? Y / N

If yes, state date and terms of judgment: _____

Do you have a will? Y / N

Spouse have a will? Y / N

Income and Expenses (Budget)

Wages - money earned from employment

	<u>YOU</u>	<u>SPOUSE</u>
<u>Pay Frequency</u>	weekly/bi-weekly/semi-monthly/monthly	weekly/bi-weekly/semi-monthly/monthly
<u>Gross Wages per pay period</u>	_____	_____
<u>Overtime</u>	_____	_____
<u>Deductions</u>		
Federal Withholding	_____	_____
Social Security	_____	_____
Insurance	_____	_____
Union Dues	_____	_____
Retirement	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<u>Other</u> _____	_____	_____
<u>Totals</u>	_____	_____

OTHER MONTHLY INCOME

Do you have any other income sources? If you do, we must know them and their monthly amount.

	<u>You</u>	<u>Spouse</u>
Do you have income from any of the following sources?	Yes / No	Yes / No
Regular income from business, profession or farm (after expenses and taxes)	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Social Security Explain: _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Gifts from relatives and friends	\$ _____	\$ _____
Sales commissions	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

MONTHLY EXPENSES

Fill out completely, estimate your bills realistically, because these amounts are what you must be able to live on. If you have a bill that is abnormally high, please use the blank space to explain why it is high and bring copies of the bills. Do not leave any blank, use N/A or \$0 instead. If you list an amount next to "other" please describe the expense in the blank space.

TYPE OF EXPENSE	You
House Payment/Rent Includes Taxes Y/N Insurance Y/N	\$
Electricity and Heating (include gas)	\$
Water, Sewer, Garbage	\$
Telephone , including cellular and long distance	\$
Other/Cable TV (describe):	\$
Home Maintenance	\$
Food & Groceries	\$
Clothing	\$
Laundry & Dry Cleaning	\$
Medical and Dental Expenses (not already deducted from paycheck)	\$
Transportation (gas, car repairs & maintenance, bus fare)	\$
Recreation/Reading	\$
Charitable Contributions	\$
Insurance: Home/Renters	\$
Life and Disability	\$
Auto	\$
Health (not already deducted from paycheck)	\$
Other describe:	\$
Installment Payments Auto	\$
Other 1:	\$
Other 2:	\$
Other 3:	\$
Other taxes:	\$
Alimony & Child Support	\$
Support of Dependents not at home explain:	\$
Regular Business	\$
Other Expense 1	\$
Other Expense 2	\$
TOTAL:	\$

Do you expect any of these expenses to change (ie: new child on the way, moving, etc.)? Yes / No

Explain: _____

Conservatorship of Children

On this page list all children, their age, who has custody, for how long, their address, telephone number, and if the child is in school, which school, grade, teacher name, and principal name.

Child Name	Age	Person who has custody	Length of Custody	Address	Telephone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

School	Grade	Teacher	Principal
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

10.			
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Children's Doctor: _____ May attorney contact? Y / N

Address: _____ Phone: _____

Persons with special knowledge who can testify:

	Name	Address	Phone
Relatives:			
Neighbors:			
Friends:			
Government:			
Other:			

Any child who has special problems (emotional/physical/educational):

Child	Problem	Doctor/Specialist	Address/Phone

Special Attachments any child has to any person(s): _____

Do you intend to move? Y / N Outside County? Y / N Outside State? Y / N

Does your spouse intend to move? Y / N Outside County? Y / N Outside State? Y / N

Is remarriage planned... by you? Y / N by your spouse? Y / N

Your plan for custody and reasons: _____

Spouses plan for custody and reasons: _____

Do the children have a preference for custody? Y / N

If so, what? _____

Visitation Rights

Assuming that custody is resolved, specify actual times and places of desired visitation rights.

	Your Desire	Spouse's Desire
Weekends		
Weekdays		
Summer		
Easter		
Christmas		
Thanksgiving		
New Year's Day		
Other Holidays		
Birthdays of Children		

Birthday of Parent

--	--

Other periods

--	--

The following documents are used in some cases. Please complete the ones that apply to your case. Some just need to be filled out and signed, some need to also be notarized.

Affidavit for UCCJEA (152.209) Information: is used in child custody cases where one party resides outside of Texas. If you are involved in a case where one of the parties lives outside of Texas, please fill out the form and have it notarized.

Statement of Health Insurance Availability: is required for all cases where there is a child involved.

Petitioner ____'s Affidavit of Indigence: is used for people who do not earn enough money to pay the court costs. The first form is used in divorce cases. The second form is used in child custody cases other than divorce. It must be notarized.

EXHIBIT “__”

STATE OF TEXAS §

COUNTY OF _____ §

AFFIDAVIT FOR UCCJEA (152.209) INFORMATION

_____ appeared in person before me today and stated under oath:

"My name is _____. I am competent to make this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.

"I am the Petitioner in this case.

"The child's present address is _____.

"For the past five years immediately preceding the date of this affidavit, the child has lived at the following addresses with the following persons:

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

"I have not participated, as a party or as a witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the child in Texas or any other state.

"I do not know of any proceeding that could affect this proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions.

"I do not know of any person not a party to this proceeding who has physical custody of the child or claims rights of legal custody or physical custody of, or visitation with, the child."

sign name: _____

print name: _____

SIGNED under oath before me on _____.

Notary Public, State of Texas

EXHIBIT “ ___ ”

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by _____, Petitioner, in accordance with section 154.181 of the Texas Family Code.

1. Child

The following child is the subject of this suit:

Name: _____

Birth date: _____

Social Security number: xxx-xx-_____

2. Health Insurance Availability (check all that apply)

Private health insurance is in effect for the child. company: _____,
policy # _____.

The child is receiving Medicaid benefits under chapter 32, Human Resources Code.

The child is receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.

It is unknown if _____, Respondent, has access to private health insurance at reasonable cost to him/her.

Date: _____.

Sign _____
Print: _____

NO. _____

In the Matter of the Marriage of
and
and in the Interest of

§
§
§
§
§
§

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT
McLENNAN COUNTY, TEXAS

PETITIONER'S AFFIDAVIT OF INDIGENCE

STATE OF TEXAS
COUNTY OF McLENNAN

On this day, appeared _____ before me, the undersigned notary public, and after I administered an oath to him/her, upon his/her oath, s/he said:

1. "My name is _____, and I am the Petitioner in this case. I have personal knowledge of the facts stated in this affidavit and they are true and correct.
2. I earn approximately \$_____ per month after taxes from employment as _____.
3. I own no non-exempt property (as defined by the U.S. Bankruptcy Code) and have \$_____ per month in expenses.
4. I wish to proceed as an indigent and prosecute a civil suit without paying costs.
5. I am unable to pay the court costs. I verify that the statements made in this affidavit are true and correct."

Sign name: _____
Print name: _____

SWORN TO and SUBSCRIBED before me by on _____.

Notary Public in and for the State of Texas

NO. _____

In the Interest of

§
§
§
§
§

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

McLENNAN COUNTY, TEXAS

PETITIONER'S AFFIDAVIT OF INDIGENCE

STATE OF TEXAS
COUNTY OF McLENNAN

On this day, appeared _____ before me, the undersigned notary public, and after I administered an oath to him/her, upon his/her oath, s/he said:

- 6. "My name is _____, and I am the Petitioner in this case. I have personal knowledge of the facts stated in this affidavit and they are true and correct.
- 7. I earn approximately \$_____ per month after taxes from employment as _____.
- 8. I own no non-exempt property (as defined by the U.S. Bankruptcy Code) and have \$_____ per month in expenses.
- 9. I wish to proceed as an indigent and prosecute a civil suit without paying costs.
- 10. I am unable to pay the court costs. I verify that the statements made in this affidavit are true and correct."

Sign name: _____

Print name:

SWORN TO and SUBSCRIBED before me by on _____.

Notary Public in and for the State of Texas