

## **AFFIDAVIT OF INDIGENCY**



**PERSONS REQUESTING INDIGENCY CONSIDERATION MUST PRESENT ONE OR MORE OF THE FOLLOWING DOCUMENTS IN SUPPORT OF THEIR AFFIDAVIT OF INDIGENCY. FAILURE TO PROVIDE SUPPORTING DOCUMENTATION MAY RESULT YOUR CASE BEING RESET:**

- 1) Past 2 years Federal Income Tax returns;
- 2) Past 3 bank statements (3 most recent months);
- 3) Past 3 pay stubs;
- 4) Proof of government financial assistance;
- 5) Verification of disability or workers compensation benefits, if applicable;
- 6) Notice of unemployment insurance disposition and benefit amount, if applicable;
- 7) Proof of enrollment in a secondary school.



# AFFIDAVIT OF INDIGENCY

Case #: 23P02897301

## 1. DEFENDANT INFORMATION

My full legal name is: TRACY L PHELAN  
My date of birth is: 3/21/1970  
My address is: PO BOX 324  
MCKINNEY, TX 75070  
My phone # is: (972) 562-0556  
My e-mail is:

<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect

### Dependents:

- I have no dependents  
 The people who depend on me financially are listed below:

Name	Relationship	Age

## 2. DO YOU RECEIVE PUBLIC BENEFITS?

- I do not receive needs-based public benefits  
 I receive these public benefits/government entitlements that are based on indigency:
- |   |  |
|---|--|
| <input type="checkbox"/> AABD   | <input type="checkbox"/> Child Care Assistance under Child Care and Dev. Block Grant |
| <input type="checkbox"/> CHIP   | <input type="checkbox"/> Community Care via DADS                                     |
| <input type="checkbox"/> County Assistance, County Health Care or General Assistance (GA) |  |
| <input type="checkbox"/> Emergency Assistance   | <input type="checkbox"/> Food Stamps/SNAP  |
| <input type="checkbox"/> LIS in Medicare (Extra help)                                     | <input type="checkbox"/> Low-Income Energy Assistance                                |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Needs-based VA Pension                                      |
| <input type="checkbox"/> Public Housing or Section 8 Housing                              | <input type="checkbox"/> SSI   |
| <input type="checkbox"/> TANF   | <input type="checkbox"/> Telephone Lifeline  |
| <input type="checkbox"/> WIC  | <input type="checkbox"/> Other: _____  |

## 3. MONTHLY INCOME

My TOTAL monthly income is \$ \_\_\_\_\_ and I earn it from:

- I work as a \_\_\_\_\_ for \_\_\_\_\_ and receive  
(Your Job Title) (Your employer)  
\$ \_\_\_\_\_ (per month)
- I have been unemployed since \_\_\_\_\_.
- I do not receive unemployment  
 I receive \$ \_\_\_\_\_ in monthly unemployment.
- I receive \$ \_\_\_\_\_ from other people in my household each month.  
(List only if other members contribute to your household income.)
- I receive \$ \_\_\_\_\_ from:
- |   |  |
|---|--|
| <input type="checkbox"/> Retirement/Pension           | <input type="checkbox"/> Tips/Bonuses          |
| <input type="checkbox"/> Disability                   | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Social Security              | <input type="checkbox"/> Military Housing      |
| <input type="checkbox"/> Dividends/Interest/Royalties | <input type="checkbox"/> Child/Spousal Support |

**4. MY MONTHLY EXPENSES ARE:**

Type of Expenses	Amount Per Month
Rent/House Payments/Maintenance	\$
Food and Household Supplies	\$
Utilities and Telephone	\$
Clothing and Laundry	\$
Medical and Dental Expenses	\$
Insurance	\$
School and Child Care	\$
Transportation, Auto Repair, Gas	\$
Child/Spousal Support	\$
Wages Withheld by Court Order	\$

**5. MY PROPERTY INCLUDES:**

Type (Real Estate, Vehicles, Etc.)	Value
Cash	\$
Bank Accounts	\$
Vehicles (cars, boats)	\$
Other property (jewelry, stocks, land)	\$

**6. ARE THERE DEBTS OR OTHER FACTS EXPLAINING YOUR FINANCIAL SITUATION?**

If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc. attach another page to this form labeled "Additional Supporting Facts".

**7. DECLARATION**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

I promise that I will notify this Court in person or by first-class mail of any changes of my address or telephone number at 130 S Chestnut St, McKinney, 75069 within five (5) days of the change.

I understand that I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code). I swear that all the information in this application is true, correct and complete to the best of my knowledge and belief.

**AN ATTORNEY WHO IS REPRESENTING AN INDIGENT PARTY FREE OF CHARGE MAY ATTACH AN AFFIDAVIT TO THIS FORM TO ASSIST THE COURT IN UNDERSTANDING THE PARTY'S FINANCIAL CONDITION.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date