

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATACause Number: 2022 27655

(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: Andrew Lehman et al

(Print first and last name of the person filing the lawsuit)

In the

(check one):

Court

☒ District Court☐ County Court / County Court at Law☐ Justice Court

Number

Defendant: Falisha Lehman et al

(Print first and last name of the person being sued.)

County

Harris

Texas

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond in Justice Court

1. Your InformationMy full legal name is: Andrew Peter Lehman

First

Middle

Last

My date of birth is: 11/20/77

Month/Day/Year

My address is: (Home) 13602 Shadow Falls Ct

(Mailing)

Houston, TX 77060My phone number: 713 903 9690My email: lehmanlaw2002@gmail.com

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1 <u>Hunter Lehman</u>	<u>14</u>	<u>Son</u>
2 <u>Hailey Lehman</u>	<u>13</u>	<u>Daughter</u>
3 <u>Isannah Lehman</u>	<u>12</u>	<u>Daughter</u>
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

2. Are you represented by Legal Aid?

- ☐ 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. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-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. I have attached documentation from legal aid stating this.

or-

- ☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

- ☒ I do not receive needs-based public benefits. - or -

- ☐ I receive these public benefits/government entitlements that are based on indigency:
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DADS ☐ LIS in Medicare ("Extra Help")
☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☐ Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ 3000 in monthly wages. I work as a Paralegal for Acertar CPA

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from ☐ Retirement/Pension ☐ Tips, bonuses ☐ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (if available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ 3000 is my total monthly income.

5. What is the value of your property?

"My property includes:

Cash Value* \$ 0

Bank accounts, other financial assets \$ 0

_____ \$ _____

_____ \$ _____

_____ \$ _____

Vehicles (cars, boats) (make and year) \$ 0

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other property (like jewelry, stocks, land, another house, etc.) \$ 0

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total value of property → \$ 0

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

6. What are your monthly expenses?

"My monthly expenses are:

Rent/house payments/maintenance Amount \$ 1500

Food and household supplies \$ 500

Utilities and telephone \$ 200

Clothing and laundry \$ _____

Medical and dental expenses \$ 250

Insurance (life, health, auto, etc.) \$ _____

School and child care \$ _____

Transportation, auto repair, gas \$ _____

Child / spousal support \$ 800

Wages withheld by court order \$ _____

_____ \$ _____

Debt payments paid to: (List) \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses → \$ 3250

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed) Settlement w/ governing agency

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

8. 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.

My name is Andrew Lehman My date of birth is: 11/22/77

My address is: 13692 Sm Sout Hills Ct Houston TX 77059

Andrew Lehman signed on 8/17/20 Harris County, Texas

Automated Certificate of eService

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Envelope ID: 67457723

Status as of 8/19/2022 8:11 AM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Andrew lehman		lehmanlaw2002@yahoo.com	8/19/2022 8:04:04 AM	SENT
Sharon Wisniewski		Wisniewski_sharon@yahoo.com	8/19/2022 8:04:04 AM	SENT
Charles neill		charles@charlesneill.com	8/19/2022 8:04:04 AM	SENT
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