4 1 6 2 0 3 9 C.C.C.L. #2

Case Number: < § In the Justice Court Harris County, Texas Precinct Statement of Inability to Afford Payment of Court Costs or an Appeal Bond 1. Your Information My date of birth is: U My full legal name is: 1 Mv address is: (Home) My phone number: 713353555 My email: [KKing]@aol. Cou About my dependents: "The people who depend on me financially are listed below. Relationship to Me Name 5 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. -01-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... have attached documentation from legal aid stating this. oram 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.) ☐ CHIP ☐ SSI ☐ WIC ☐ AABD ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance ☐

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County Assistance, County Health Care, or General Assistance(GA)

□ Telephone Lifeline

Other:

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☐ LIS in Medicare ("Extra Help")

☐ Community Care via DADS

☐ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant

	4. What is your monthly income and income sources?
:: A+ 0	"I get this monthly income: \$ 3500 in monthly wages. I work as a Contractor for the we waster. Co
	sin 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.)
4.34	from RetIrement/Pension Tips, bonuses Disability Worker's Comp Social Security Military Housing Dividends, interest, royalties
	Social Security Military Housing Dividends, interest, royalties Child/spousal support My spouse's income or income from anoth er member of my household (if available)
	\$ from other jobs/sources of Income. (Describe)
	\$ 3500 is my total monthly income.
	5. What is the value of your property? *My property includes: Cash SOO Rent/house payments/maintenance 6. What are your monthly expenses? *My monthly expenses are: Amount SOO SOO Rent/house payments/maintenance
	Bank accounts, other financial assets Food and household supplies
	wells fargo \$ 650 Utilities and telephone \$ 400
	\$ Clothing and laundry . \$ Clothing and dental expenses \$ 550.25
	Vehicles (cars, boats) (make and year) Insurance (life, health, auto, etc.) School and child care School and child care
	Intinity 0x20 2014 \$ Transportation, auto repair, gas \$ 400
	\$ Child / spousal support \$
	Other property (like jewelry, stocks, land, Wages withheld by court order
	another house, etc./
	S Debt payments paid to: (List) S S
	\$ <u>\$</u>
	Total value of property \$450 Total Monthly Expenses \$4575 The value is the amount the item would sell for less the amount you still own on it, if anything.
	7. Are there debts or other facts explaining your financial situation?
•	"My debts include: (List debt and amount owed) Pandemic Tobaled underemployment
	the to many remode and repair projects being
	post-posed so far this year
	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
	l declare under penalty of perjury that the foregoing is true and correct. I turther 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 Rohsoan King My date of birth is: 11 / 10/1973
	Aprillassis 21203 Blockfold Glove Dr Spring, TX 77379
,	Ally address is Street City State Zip Code Country
(School signed on 11/23/2028 Harry County, TX
	Signature . Month/Day/Year county name State

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