

Adult Name Change

This toolkit tells you how to change your name. FORMS ARE INCLUDED.

You can use the forms in this toolkit to ask a court to change your name if:

1. You are at least 18 years old.
2. You file a petition asking for a name change in the Texas county where you live.
3. You provide the court with complete information about all felonies and Class A or B misdemeanors with which you have been charged.
4. You have either:
 - Never been convicted of a felony. or
 - If you have been convicted of a felony, you provide proof that you were either pardoned or it has been at least two years since you were discharged from prison or completed probation.
5. You are either:
 - Not required to register as a sex offender, or
 - If you are required to register as a sex offender, you provide proof that you notified your local law enforcement authority that you are asking the court to change your name.

This
Packet
includes

1. Instructions to change the name of an adult
2. Petition to Change the Name of an Adult
3. Order to Change the Name of an Adult
4. Sample Testimony for Change of Name Adult
5. Declaration for Prove-Up of Name Change
6. Civil Case Information Sheet
7. Statement of Inability to Afford Payment of Court Costs

Note: You may not need all of the forms listed or you may need additional forms. Get more information at www.TexasLawHelp.org. Talk to a lawyer if you have questions.

Instructions to Change the Name of an Adult

Warning: *The information and forms in this guide are not a substitute for the advice and help of a lawyer.*

You can use the forms in this guide to ask a court to change your name if:

1. You are at least 18 years old.
2. You file a petition asking for a name change in the Texas county where you live.
3. You provide the court with complete information about all felonies and Class A or B misdemeanors with which you have been charged.
4. You have either:
 - Never been convicted of a felony, or
 - If you have been convicted of a felony, you provide proof that you were either pardoned or it has been at least two years since you were discharged from prison or completed probation.

Note: Even if you were convicted of a felony, you may be able to change your name without waiting two years if you are asking to change your name to the primary name used in your criminal history record information. See [Texas Family Code 45.103\(b\)\(2\)](#).

5. You are either:
 - Not required to register as a **sex offender**, or
 - If you are required to register as a **sex offender**, you provide proof that you notified your local law enforcement authority that you are asking the court to change your name.

To print out both the instructions and forms, [click here](#).

Checklist Steps

Step 1: Fill out your court forms.

Fill out these forms:

- [Petition to Change the Name of an Adult](#) (if the link does not work, scroll down to the bottom of this page for links to forms)

This form asks the judge to change your name. It also tells the judge if you have a criminal record.

- **[Order Changing the Name of an Adult](#)**

The judge signs this form to legally change your name. Fill out all spaces on the form except for the judge's signature.

Fill out this additional form only if you have a low-income, receive public assistance because you have a low income, or cannot pay the court filing fee:

- **[Statement of Inability to Afford Payment of Court Costs](#)**. This form asks the judge to waive the court filing fee. The judge may ask you to present evidence of income and expenses at a hearing. Read **[Court Fees & Fee Waivers](#)** for more information

Note: You can print your court forms and fill them out neatly in blue or black ink.

Fill out all the spaces on the forms unless instructed otherwise. The judge and court clerks will not fill them out for you. The judge may deny the name change if the information is inaccurate or incomplete.

Step 2: Get your fingerprints taken.

Get a legible and complete set of your fingerprints made on a Texas Department of Public Safety of Federal Bureau of Investigations fingerprint card. There will be a fee for this service. Check with local law enforcement or do some online research to learn where to get your fingerprints taken.

Step 3: Collect additional paperwork if you have a felony conviction or if you are a sex offender.

If you have a felony conviction:

For each felony conviction, get proof that:

1) you have been pardoned, or

2) it has been at least two years since you were discharged or completed probation.

Note: if you were convicted of a felony, you may be able to change your name without waiting two years if you are asking to change your name to the primary name used in your criminal history record information. See [Texas Family Code 45.103\(b\)\(2\)](#). If that is the case, get proof of what your name is in your criminal history record information.

If you were pardoned, get a copy of your pardon or clemency proclamation from the Secretary of State Registrations Unit. Get more information here: [FAQs about Clemency Process](#).

- If you served time in a Texas prison, get a copy of your discharge papers from the Classification and Records Division of the Texas Department of Criminal Justice. If you served time in another state or federal prison, get a copy of your discharge papers from that state's department of criminal justice or the Federal Bureau of Prisons.
- If you were on felony probation or juvenile probation for a felony, get proof that you completed your period of probation from the district clerk's office in the county where you were prosecuted.

If you are required to register as a sex offender: Get proof that you have notified local law enforcement that you intend to ask the court to change your name

Write **Exhibit** at the top of each document and attach each document to your **Petition to Change the Name of an Adult** form.

Step 4: Make copies.

Make a copy of your completed *Petition to Change the Name of an Adult*, fingerprint card and, if applicable, your *Statement of Inability to Afford Payment of Court Costs*.

Step 5: File your Petition in the county where you live.

You can file in person or e-file online.

To file in person, take the following to the district clerk's office in the county where you live:

- Petition to Change the Name of an Adult
- Fingerprint Card
- Statement of Inability to Afford Payment of Court Costs (only if you are asking the judge to waive the filing fee)

To e-file online, follow the instructions included with the [Automated Online Interview for Adult Name Change](#). You will e-file your Petition and, if applicable, a Statement of Inability to Afford Payment of Court Costs. Contact the clerk's office regarding whether they require a scanned and attached copy of your fingerprint card to the petition and later take your original fingerprint card to your court hearing.

If you do not use the automated interview, to file your forms online, go to [E-File Texas](#), and follow the instructions there.

To file your forms in person, take your Petition and additional starting forms (and copies) to the district clerk's office in the county you determined is the correct county to file in.

At the clerk's office:

- Turn in your Petition and other starting forms (and copies).
- Pay the filing fee (or file your completed Statement of Inability to Afford Payment of Court Costs if you cannot afford the fee). You can call the clerk's office ahead of time to learn the filing fee for your case.
- Ask the clerk if there is a local standing order that you need to follow or attach to any of your documents.
- Ask the clerk if there are local rules or procedures you need to know about for name changes.
- The clerk will write your "Cause Number" and "Court Number" at the top of the first page of your Petition. Write these numbers at the top of any document you file in your name change case.)
- The clerk will "**file stamp**" your copies with the date and time. The clerk will keep the original and give you back your copies.
- Read [What Court Employees Can and Cannot Do](#), because court staff cannot give you legal advice.

Whether you file in person or e-file online, you must **pay a filing fee** or, if you have a low income, file a [Statement of Inability to Afford Payment of Court Costs](#). Contact the district clerk's office in your county to learn the filing fee for an adult name change.

If you file in person, the clerk will "file-stamp" the copy of your Petition with the date and give the copy back to you.

Step 6: Get ready for court.

Contact the District Clerk's office in your county to learn:

- How to get an uncontested hearing for an adult name change. Some counties will schedule a date and time for your hearing. Other counties have a time you can walk-in to see the judge.
- If there are local rules that you need to know for your name change case.
- If the court requires you to get a criminal background check before your hearing.
 - If you need a criminal background check, mail your fingerprint card to the Texas Department of Public Safety (DPS) with a file-stamped copy of your Petition to Change the Name of an Adult with the court. There is a fee for this service.
 - DPS will send the results directly to the court. The [Texas Department of Public Safety \(DPS\)](#)'s website has [specific instructions](#) on submitting fingerprint cards for a legal name change. [Form CS-65](#) has the steps you need to follow.
- Read [Tips for the Courtroom](#).

Step 7: Go to your court hearing.

Bring the following to your court hearing:

- Your **Order Changing the Name of an Adult form** completely filled out, except for the judge's signature,
- A file-stamped copy of your Petition to Change the Name of an Adult and all the exhibits you filed with your Petition,

- Your fingerprint card (if you e-filed your Petition),
- Proof of your identity, such as your passport, driver's license or state identification card.
- [Sample testimony for adult name change](#) (which you should complete and review before court).

When you get to the courthouse, stop by the clerk's office to find out where to go and whether or not you need to bring the court file.

When you get to the courtroom, check in with the clerk.

When the judge calls your case, stand in front of the judge's bench.

- The judge will swear you in and review your forms.
- The judge may ask you some questions about your name change, or you may read your [sample testimony for adult name change](#).
- Some judges will require that you testify under oath that you are not changing your name to avoid criminal prosecution or get out of paying a debt.

If everything is in order, the judge will sign your Order Changing the Name of an Adult form.

Step 8: File the Order signed by the Judge and get certified copies.

Once the judge has signed the Order changing your name, the clerk in the courtroom may file the Order or you may need to take the Order to the clerk's office to be filed. Your name will not be changed until the Order is filed.

Get several certified copies of the Order from the clerk. There is a fee for certified copies, but you will need certified copies of the Order to get your official documents changed to your new name.

Cause Number: _____
(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

Name Change of:

In the _____
Court Number

District Court County Court at Law

Print current full legal name of person asking for name change. County, Texas

Petition to Change the Name of an Adult

Print your answers.

1. Discovery Level

The discovery level in this case, if needed, is Level 1.

2. Petitioner

a. My current legal name is:

First Middle Last

b. I ask the Court to change my legal name to:

First Middle Last

c. The reason I want to change my name is:

Or I am not required to provide the reason I want to change my name, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

3. Personal Information

My personal information is as follows:

a. Home address: _____
Street Address

City County State ZIP code

Or I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

Program is attached to this Petition to Change the Name of an Adult.

b. Social Security Number: _____ or I do not have a Social Security Number.

c. Date of birth: _____
Month Day Year

d. All drivers' license numbers issued to me during the last 10 years:

License number	State	License number	State
_____	_____	_____	_____
_____	_____	_____	_____

Or I have not had a driver's license during the last 10 years.

e. Place of birth: _____
City County State Country

f. Sex listed on my birth certificate: Male Female

g. Race: _____

h. Name on birth certificate (only fill in if different from current legal name):

_____ First Middle Last

i. Known by the following names and aliases: (Include prior names, nicknames, and aliases, especially if your arrest records reflect a different name than your current full legal name. Leave blank if no aliases or prior names)

4. Criminal History

a. Have you ever been **charged** with a Class A or B misdemeanor or a felony? Yes No

If yes -- Write your FBI (Federal Bureau of Investigations) or SID (State Identification) number:

FBI Number _____ SID Number _____

List **all** Class A or B misdemeanors and felonies with which you have been charged, whether or not you were convicted. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

b. Have you ever been convicted of a felony? Yes No

If yes -- The court **may** order your name changed if you were pardoned or at least two years have passed since you received a certificate of discharge or completed court-ordered community supervision or juvenile probation, or if you are asking to change your name to the primary name used in your criminal history record. You must attach proof to this petition.

List all of your felony convictions here. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

c. Are you required to register as a sex offender? Yes No

If yes – You must attach proof that you notified the appropriate local law enforcement authority of your proposed name change.

5. Request for Judgment

I believe this name change is in my interest or benefit and in the interest of the public.
I ask the Court to make an Order to change my name, and any other Orders I may be entitled to.

→ _____

Your Signature _____ Date _____

Your Printed Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____ Fax (if any) _____

6. Verification (Sign below. This statement must be true, because it is signed "under penalty of perjury," and it is a crime to make a false unsworn declaration under penalty of perjury in Texas. See Texas Penal Code 37.02.)

My current legal name is: _____
my date of birth is _____, and my address is:

Street _____ City _____ State _____ Country _____

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

Executed in _____ County, State of _____
County State

on the _____ day of _____, _____
Day Month Year

Declarant's Signature (sign here)

You must attach these documents to your Petition:

- A legible and complete set of your **fingerprints** on a fingerprint card in a form acceptable to the Texas Department of Public Safety and Federal Bureau of Investigations. Write "**Exhibit**" at the top.
- If you were convicted of a felony and you were pardoned, attach proof of pardon for each conviction. Write "**Exhibit**" at the top.
- If you were convicted of a felony and it has been at least 2 years since you were discharged or completed probation or parole, attach proof that you were discharged or that you completed probation or parole for each conviction. Write "**Exhibit**" at the top.
- If you were convicted of a felony and are asking to change your name to the primary name used in your criminal history record information, attach a copy of your criminal history record.
- If you are required to register as a sex offender, attach proof that you notified the appropriate local law enforcement authority of your proposed name change. Write "**Exhibit**" at the top.
- If you are not required to provide your home address or the reason you want to change your name because you are a participant in the Office of the Attorney General's Address Confidentiality Program, attach a copy of your authorization card certifying that you are a participant in the Address Confidentiality Program. Write "**Exhibit**" at the top.

Cause Number: _____
Print court information exactly as it appears on Petition

Name Change of:

In the _____
Court Number

- District Court
- County Court at Law

Print current full legal name of person asking for name change. _____ County, Texas

Order Changing the Name of an Adult

A hearing took place on: _____
Date of Hearing

1. Appearances

The Petitioner appeared in person without an attorney.

2. Jurisdiction.

The Court finds that it has jurisdiction over this case and the Petitioner.

3. Record.

- A court reporter recorded today's hearing.
- A court reporter did not record today's hearing.

4. Findings

The Court finds that Petitioner's personal information is as follows:

a. Current legal name: _____
First Middle Last

b. Name on birth certificate (only fill in if different from current legal name):

First Middle Last

c. Known by the following names and aliases: (Leave blank if no aliases or prior names)

d. Home Address: _____
Street address City County State ZIP code

Or Petitioner is not required to provide their home address because they are a participant in the Office of the Attorney General's Address Confidentiality Program.

e. Social Security Number: _____

Or Petitioner does not have a Social Security Number.

f. All driver's license numbers issued to Petitioner during the last 10 years:

Driver's License Number	State that Issued License
_____	_____
_____	_____
_____	_____
_____	_____

Or Petitioner has not had a driver's license during the last 10 years.

g. Date of birth: _____ (Month/Day/Year)

h. Place of birth: _____
City County State Country

i. Petitioner is: (Check one.) Male Female

j. Petitioner's race is: _____.

k. Petitioner: (Check one.)

does **not** have an FBI number or SID number.

has a Federal Bureau of Investigations (FBI) number, which is: _____.

has a State Identification (SID) number, which is: _____.

l. Petitioner: (Check one.)

has **not** been charged with a class A or B misdemeanor or felony.

has been charged with the following class A or B misdemeanors or felonies:

Offense (crime)	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court

m. Petitioner: (Check one.)

has **not** been convicted of a felony.

has been convicted of a felony and has been pardoned.

has been convicted of a felony and at least two years have passed since Petitioner received a certificate of discharge or completed court-ordered community supervision or probation.

has been convicted of a felony and is changing their name to the primary name used in their criminal history record information.

n. Petitioner: (Check one.)

is **not** required to register as a sex offender.

My race is: _____.

(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

- I do **not** have an FBI number or SID number.
- My FBI (Federal Bureau of Investigations) number is listed in the final orders I submitted to the court.
- My SID (State Identification) number is listed in the final orders I submitted to the court.

(Check all that apply. When you are talking to the Judge, read only the statements that apply.)

- I have **not** been charged with a class A or B misdemeanor or felony.
- I **have** been charged with class A or B misdemeanors or felonies and they are listed in the final orders I submitted to the court.

(Check all that apply. When you are talking to the Judge, read ONLY the statements that apply.)

- I have **not** been convicted of a felony.
- I **have** been convicted of a felony and have been pardoned.
- I have been convicted of a felony and at least two years have passed since I received a certificate of discharge or completed court-ordered community supervision or probation.
- I **have** been convicted of a felony and am changing my name to the primary name used in my criminal history record information.

(Check all that apply. When you are talking to the Judge, read ONLY the statements that apply.)

- I am **not** required to register as a sex offender.
- I **am** required to register as a sex offender and I have submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

My Petition to Change the Name of an Adult included a legible, complete copy of my fingerprints.

My change of name is in my interest or benefit and is in the interest of the public.

I respectfully ask that the Court grant my change of name from:

_____ to
(current legal name)

(proposed new legal name).

That's all I have, Your Honor.

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number: _____
Print court information exactly as it appears on Petition

Name Change of:

In the _____
Court Number

District Court County Court at Law

Print current full legal name of person asking for name change. County, Texas

Declaration for Prove-Up of Adult Name Change

My name is _____. I am above the age of eighteen years, and I am fully competent to make this declaration. The facts stated in this declaration are within my personal knowledge and are true and correct.

My current legal name is: _____
First Middle Last

My home address is: _____
Street Address City County State Zip

My email address is: _____

Or

I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program. I attached a copy of my authorization card certifying that I am a participant in the Address Confidentiality Program to my Petition to Change the Name of an Adult.

My Social Security Number is: _____

Or

I do not have a Social Security Number.

Below, I have listed all driver's license numbers issued to me during the last 10 years:

Driver's License Number	State that Issued License
_____	_____
_____	_____
_____	_____
_____	_____

Or

I have not had a driver's license during the last 10 years.

My date of birth is: _____
Month Day Year

My place of birth: _____
City County State Country

My gender is: (Check one.) Male Female

My race is: _____.

My name on my birth certificate is: (Only fill in if different from current legal name.)

First Middle Last

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): _____ COURT (FOR CLERK USE ONLY): _____

STYLED _____
 (e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:	
Name: _____	Email: _____	Plaintiff(s)/Petitioner(s): _____		<input type="checkbox"/> Attorney for Plaintiff/Petitioner	
Address: _____	Telephone: _____			<input type="checkbox"/> <i>Pro Se</i> Plaintiff/Petitioner	
City/State/Zip: _____	Fax: _____	Defendant(s)/Respondent(s): _____		<input type="checkbox"/> Title IV-D Agency	
Signature: _____	State Bar No: _____			<input type="checkbox"/> Other: _____	
				Additional Parties in Child Support Case:	
				Custodial Parent: _____	
				Non-Custodial Parent: _____	
				Presumed Father: _____	
[Attach additional page as necessary to list all parties]					

2. Indicate case type, or identify the most important issue in the case (select only 1):				
Civil			Family Law	
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
Employment	Other Civil			
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____		
Tax	Probate & Mental Health			
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<i>Probate/Wills/Intestate Administration</i> <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings		<input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____	

3. Indicate procedure or remedy, if applicable (may select more than 1):		
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA
AVISO: ESTE DOCUMENTO CONTIENE INFORMACIÓN CONFIDENCIAL



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

Declaración sobre Incapacidad de Pago de Costas de Tribunal o de una Fianza de Apelación

Cause Number
Número de Caso

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

El Secretario del Tribunal anotará el Número de Caso cuando usted presente este formulario.

v.

Copy information listed at the top left of the petition here.

Copie aquí la información ubicada en la parte superior izquierda del escrito de la demanda.

Copy information listed at the top right of the petition here.

Copie aquí la información ubicada en la parte superior derecha del escrito de la demanda.

Court Number
Número del Tribunal

_____, Texas
County
Condado

- District Court
Tribunal de Distrito
- County Court
Tribunal del Condado
- County Court at Law
Tribunal Estatutario
- Justice Court
Juzgado de Paz
- Probate Court
Juzgado Sucesorio

1. Your Information / Su Información

- My full legal name is / Mi nombre legal completo es

First Middle Last / Nombre de Pila Segundo Nombre Apellido

- My date of birth is / Mi fecha de nacimiento es

Month Day Year / Mes Día Año

- My address is / Mi dirección es

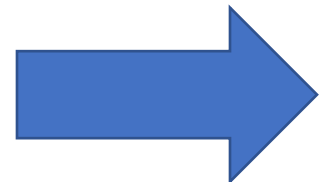
Home / Domicilio _____

Mailing / Dirección Postal _____

- My phone number / Mi número telefónico _____

- My email I check often / Mi correo electrónico que reviso con frecuencia

Go to next page



Pase a la siguiente página

2. About My Dependents / Mis Dependientes

“The people who depend on me financially are listed below.” **Use initials only for children under 18.** If needed, attach a separate piece of paper to list more dependents.

“Las personas a continuación dependen económicamente de mí.” **Use iniciales para los menores de 18 años** y, si es necesario, anexe una hoja por separado para enumerar a todos sus dependientes.

Name Nombre	Age Edad	Relationship to me Parentesco Conmigo

3. Are you represented by Legal Aid? ¿Está siendo representado por alguna entidad de asistencia legal?

Check only one box. Seleccione solo una casilla.

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.”

Me está representando gratuitamente un abogado que trabaja para una entidad de asistencia legal o que recibió mi caso de una entidad de asistencia legal. El certificado que la entidad de asistencia legal me entregó lo adjunto bajo el título, “Anexo: Certificado de Asistencia Legal.”

or / o

I am not represented by legal aid.

No me está representando ninguna entidad de asistencia legal.



4. Public Benefits / Beneficios de Asistencia Pública

- Do you or any of your dependents receive public benefits?
¿Recibe usted o sus dependientes beneficios de asistencia pública?

Yes / *Sí*

No / *No*

- If you answered yes, check all that apply and attach proof to this form, such as a copy of an eligibility form or check.

Si respondió con un Sí, marque todas las casillas que apliquen y adjunte a este formulario comprobantes, tales como una copia de la carta autorizando que reciba estos beneficios o una copia del cheque que recibe.

Food stamps/SNAP
Cupones de comida/SNAP

TANF

Medicaid

CHIP

SSI/SSDI

WIC

Lifeline

Public Housing or Section 8 Housing
Asistencia de Vivienda / Programa de Vivienda bajo Sección 8

Low-Income Home Energy Assistance
Asistencia con Energía Eléctrica

Community Care via HHS
Ayuda Comunitaria bajo HHS

LIS in Medicare ("Extra Help")
Subsidio Adicional de Medicare bajo el Programa LIS

Needs-based VA Pension
Pensión para Veteranos de Guerra en función a necesidades

Child Care Assistance under Child Care and Development Block Grant
Asistencia con Guardería bajo el Programa CCDBG

County Assistance, County Health Care, or General Assistance (GA)
Asistencia del Condado, Asistencia Médica del Condado, o Asistencia General (GA)

Other / *Otros beneficios*

Other / *Otros beneficios*



5. What are your monthly income sources? ¿Cuáles son sus fuentes de ingresos mensuales?

➤ My **take-home** pay is \$_____ in monthly wages.

Mi **pago neto** es \$_____ en sueldo mensual.

➤ I work as a _____ (your job title) for _____ (your employer).

Yo trabajo como _____ (título de su puesto) para _____ (compañía o jefe).

➤ \$_____ is my total **monthly** income / son mis ingresos totales **al mes**.

These are my income sources. Estas son mis fuentes de ingresos.

➤ \$_____ in unemployment / en beneficios de desempleo.

I have been unemployed since _____ (date).

He estado desempleado desde _____ (indique fecha).

➤ \$_____ in public benefits / en beneficios de Asistencia Pública.

➤ \$_____ from people in my household other than my spouse / de ingresos de otras personas en mi hogar que no son de mi cónyuge.

➤ \$_____ from retirement or pension / de jubilación o pensión.

➤ \$_____ from tips or bonus / de propinas o bonos.

➤ \$_____ from disability / de discapacidad.

➤ \$_____ from worker's comp / de compensación al trabajador.

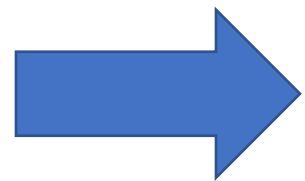
➤ \$_____ from social security / de seguro social.



- \$ _____ from military housing / de vivienda militar.
- \$ _____ from dividends, interest, or royalties / de dividendos, intereses, o regalías.
- \$ _____ from child or spousal support / de manutención de menores o manutención conyugal recibida.
- Answer only if your spouse is not your opponent. Responda tan sólo si su ccónyuge no es parte contraria en esta causa legal. \$ _____ from my spouse's income / de ingresos de mi cónyuge.
- \$ _____ from other jobs/sources of income / de otros trabajos/ fuentes de ingresos.

Describe / describa:

Go to next page



Pase a la siguiente página

6. What is the value of your assets or property? ¿Cuál es el valor de sus bienes o propiedades?

My property includes: Mis bienes incluyen:	Value / Valor
	<p>The value is the amount the item would sell for less the amount you still owe on it, if anything.</p> <p>El valor de sus bienes es la cantidad por la que la propiedad o pertenencia se vendería, menos el monto que aún se adeuda, si lo hubiera.</p>
➤ Cash Dinero en efectivo	\$
➤ Bank accounts, other financial assets Cuentas bancarias, otros bienes financieros	
	\$
	\$
	\$
➤ Cars and boats (make and year) Automóviles, lanchas (modelo y año)	
	\$
	\$
	\$
➤ Other property like jewelry, stocks, land, a second house. (Do not list your homestead.) Otros bienes como joyas, acciones, terrenos, una segunda casa. (No indique su hogar familiar.)	
	\$
	\$
	\$
Total Value of Property Valor Total de Sus Bienes	\$0



**7. What are your monthly expenses that are not deducted from your paycheck?
¿Cuáles son sus gastos mensuales que no son descontados de su cheque de sueldo?**

My monthly expenses are: Mis gastos mensuales son:	Amount Cantidad
➤ Rent/house payments; maintenance Alquiler/hipoteca; mantenimiento de casa	\$
➤ Food and household supplies Alimentos y artículos para el hogar	\$
➤ Utilities and telephone Luz, gas, agua y teléfono	\$
➤ Clothing and laundry Ropa y lavado de ropa	\$
➤ Medical and dental expenses Gastos médicos y dentales	\$
➤ Insurance (life, health, auto, etc.) Seguros (de vida, médico, de automóvil etc.)	\$
➤ School and childcare Escuelas y guarderías	\$
➤ Transportation, auto repair, gas Transportación, reparaciones de automóviles, gasolina	\$
➤ Child/Spousal support Manutención a Menores/Manutención Conyugal	\$
➤ Debt payments to (list): Pagos por deudas hechas a (indíquelos):	
	\$
	\$
➤ Wages withheld by court order Sueldo retenido por orden judicial	\$
➤ Other expenses (list): Otros gastos (indíquelos):	
	\$
	\$
Total Monthly Expenses Gastos Totales Mensuales	\$ 0



**8. Are there debts or other facts explaining your financial situation?
¿Hay deudas u otros factores que expliquen su situación económica?**

My debts include (list debt and amount owed):

Mis duedas incluyen (indique deuda y la cantidad que debe):

	\$
	\$
	\$
	\$
	\$

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."

Si usted desea que el tribunal considere otros factores, tales como gastos médicos excepcionales, emergencias familiares, etc., adjunte al formulario otra hoja con esta información y bajo el título, "Anexo: Información Adicional de Apoyo."

9. Ability to Pay Court Costs. Declaración sobre su Habilidad de Pagar Costas de Tribunal

Check only one box. Seleccione tan solo una casilla.

- I cannot afford to pay court costs. No puedo pagar las costas de tribunal.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision, and I cannot afford to pay court costs.

No puedo aportar una fianza de apelación ni pagar un depósito en efectivo para apelar la decisión judicial de un magistrado, y no puedo pagar costas de tribunal.

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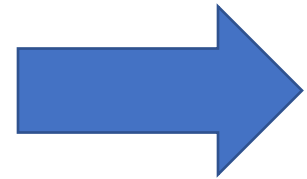
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10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.

Fill out **only one** box. If you fill out the Declaration, you will not need to sign the form in front of a notary public. If you do not want to list your address for privacy or safety concerns, take the form and photo identification, and fill out the Affidavit box in front of a notary public.

Llene tan **solo una** opción. Si usted llena la Declaración, no necesitará firmar el formulario ante un notario. Si usted no quiere que aparezca su domicilio en el documento para conservar su privacidad o por motivos de su seguridad, lleve el formulario y una identificación con fotografía y llene la sección de la Declaración Escrita Bajo Juramento ante un Notario.

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Pase a la siguiente página

Option 1 / Opción 1

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

Declaración: Yo declaro bajo pena de perjurio que la información a continuación es correcta y verdadera.

➤ My name is / Mi nombre es

➤ My date of birth is / Mi fecha de nacimiento es

____/____/____

➤ My address is / Mi domicilio es

Street, city, zip, country

Calle y número, ciudad, estado, código postal, país

➤

Signature
Firma

➤

Date (month, day, year)
Fecha (mes, día, año)

➤

County, state
Condado, estado

Go to next page



Pase a la siguiente página

Option 2 / Opción 2

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

Declaración Escrita Bajo Juramento: Yo juro bajo pena de perjurio, que lo que precede es correcto y verdadero.

You fill out this section.
Usted llena esta sección.

➤ _____
Your printed name
Su nombre en letra de molde

➤ _____
Your signature
Su firma

The notary fills out this section.
El Notario llena esta sección.

➤ _____
Subscribed before me this day of
Juramentado y suscrito ante mí el día de hoy del mes de

_____, 20____

NOTARY
NOTARIO

