

Registration of an Out-of-State Custody Order

Registering your out-of-state custody orders means Texas courts may be able to enforce or change the orders. These instructions and forms are intended for *uncontested* registrations.

This packet includes:

1. Instructions for Registering an Out-of-State Custody Order in Texas
2. UCCJEA Request to Register Out-of-State Custody Order (Letter)
3. Affidavit in Support of Registration of Foreign Child Custody Determination
4. Information on Suit Affecting the Parent-Child Relationship
5. 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.

How to Register an Out-of-State Child Custody Order in Texas

To register your out-of-state custody order you will need:

- A letter or other document requesting registration;
- Two copies, including one certified copy, of the out-of-state order that you want to register.
- A statement under penalty of perjury that, to the best of your knowledge and belief, the order has not been modified; and
- Your name and address, as well as the name and address of any other person listed as a party to the out-of-state order you are seeking to register.

See [Texas Family Code 152.305\(b\)](#).

These forms are intended for *uncontested* registrations. Talk to a lawyer before representing yourself, especially if you do not think the other party will agree that the orders should be registered in Texas. Start by looking for legal help in TexasLawHelp's [Legal Help Directory](#).

Checklist Steps

Step 1: Get two copies of your court orders.

First, get two copies of your out-of-state custody orders. One of those must be a certified copy. A certified copy of your order will have an endorsement, certificate, seal, or stamp to prove it is a true and correct copy of the original order.

You will need to talk to the court in the state that issued the orders to find out how. If you don't know where to start and your income is low, contact the legal aid organization closest to where you live. Use Legal Services Corporation's [Get Legal Help](#) tool to help you find the legal aid organization closest to where you live.

If you think you don't qualify for free legal aid, consider hiring a private attorney where you live, or where the case is taking place. The American Bar Association has a [Lawyer Referral Directory](#). The State Law Library of Texas lists [Texas lawyer referral services](#).

Step 2: Determine where in Texas to register the orders.

Once you receive the certified copy of your out-of-state custody order, determine where to register it.

Registration is appropriate in the district clerk's office of the Texas county where the child has lived for the prior six months. If you don't know what Texas county you have been living in, the National Association of Counties has a tool for [locating your county by ZIP code](#).

Step 3: Prepare the registration letter, orders, and affidavit.

Once you know the proper Texas county to register your out-of-state custody order in, prepare and file a letter or other document requesting the registration. Along with the letter, include:

1. Two copies of your order: one certified copy and one regular copy.
2. Statement or [affidavit](#), under penalty of perjury, that the order you want to register has not been changed, to the best of your knowledge and belief.

Your statement/affidavit must include your name and address and the contact information of any parent or person acting as a parent who has been awarded custody or visitation in your out-of-state order.

Warning: Talk to a family violence lawyer if you plan to allege in your affidavit, which is signed under oath, that the health, safety, or liberty of a party or child would be jeopardized by disclosing the identifying information, the information must not be shared.

The information can only be disclosed to the other party or the public if the court orders the disclosure after a hearing and determines that the disclosure is in the interest of justice. See [Texas Family Code 152.209](#).

To find a family violence lawyer in Texas, use TexasLawHelp's [Legal Help Directory](#) and select "Protection from Violence or Abuse" in the "Areas of Expertise" pulldown menu.

Step 4: File (turn in) the documents with the court.

Check with the district clerk's office to ask what their filing fees are. If you cannot afford the filing fee, file a [statement of inability to pay costs](#) along with your letter, affidavit, and copies of your orders.

File (turn in) your completed letter, affidavit, and two copies of the orders with the court.

- To file your forms online, go to [E-File Texas](#) and follow the instructions.
- To file your forms in person, take them to the district clerk's office in the county you have determined is the correct county to register the orders.

At the clerk's office:

- Turn in the forms.
- Pay the filing fee (or file your completed [Statement of Inability to Afford Payment of Court Costs](#) if you cannot afford the fee).
- 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 your divorce.
- The clerk will write your "Cause Number" and "Court Number" at the top of the first page of your letter. (Write these numbers at the top of any document you file in your 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. One copy is for you and one copy is for the other parties.

Step 5: Notify the other parties.

Review your affidavit. It must include the name and address of any other person listed as a party to the out-of-state order you are seeking to register. These people are entitled to notice that you are registering the orders in Texas.

Once all of the required legal documents—letter or document, one certified copy of the out-of-state order, one regular copy of the out-of-state order, and the affidavit—are received, the registering court will file the out-of-state order as *foreign judgment* and will serve notice on the persons (the parent or other person acting as a parent) named in the affidavit.

The notice must state that the other parent or person acting as a parent must request a hearing to contest the validity of the registered out-of-state order within 20 days after service of the notice.

The notice must also state that the failure of the other parent to contest the registration will result in confirmation of the out-of-state order in Texas and will prevent them from contesting it in the future.

Step 6: The order is confirmed.

If the person contesting registration does not make a timely request for a hearing, registration of the order will be confirmed as a matter of law. Then, all parties (the person requesting registration, the other parent, and any person acting as a parent) must be notified of the confirmation.

Confirmation of the registered out-of-state order, whether by operation of law (meaning the other parent did not contest or did not contest properly) or after notice and hearing, prevents further contest of the order. This is true for any matter that could have been brought up at the time of the order's registration.

Step 7: What to do if another party contests the registration.

These instructions and forms are intended for *uncontested* registrations. Talk to a lawyer before representing yourself, especially if you do not think the other party will agree that the orders should be registered in Texas. Start by looking for legal help in TexasLawHelp's [Legal Help Directory](#).

If the other parent (or another party) wants to contest the validity of the registered order, they must request a hearing within 20 days after the service of the notice.

At the hearing, the court will confirm the registered order unless the parent who is contesting registration can prove certain facts to the registering court.

The parent contesting registration must prove one of the following:

1. That the issuing, out-of-state court did not have jurisdiction to make its orders.
2. That the child custody judgment to be registered has been vacated, stayed, or modified by a court having jurisdiction to do so.
3. That the person contesting registration was entitled to notice, but notice was not given as required for non-Texas residents, as part of the proceedings before the court that issued the order to be registered. See [Texas Family Code 152.108](#).

Step 8: After your orders are registered.

Once your orders are registered, a Texas court can modify or enforce them. You can use these guides.

- [I need to change a custody, visitation, or support order \(Modification\)](#).
- [I want to file a Motion to Enforce Visitation](#).
- [Habeas Corpus Guide](#) (A writ of habeas corpus is a legal tool for enforcing a superior right of possession to a child).

Cause No. _____
If there is no cause number in Texas, the clerk will assign one. If a cause number is available, print the cause number and other court information exactly as the court assigned.

In the Interest of the following Minor Child(ren):

(Print the initials of each child.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

In the _____
Court Number

- District Court
- County Court at Law

_____ County, Texas

UCCJEA Request to Register Out-of-State Custody Order

To the

Check one.

- District Clerk
- County Clerk

_____ County, Texas

Print county name

This is a formal request to register a child custody determination issued by a court of another state. The request is made under the Uniform Child Custody Jurisdiction and Enforcement Act, Texas Family Code 152.305.

I enclose two copies—including one certified copy—of the determination sought to be registered, and a statement under penalty of perjury that to the best of the knowledge and belief of _____ the order has not been modified.

Print the full name of the person signing this letter.

The name and address of the person seeking registration and any parent or person acting as a parent who has been awarded custody or visitation in the child custody determination sought to be registered is as follows:

Person seeking registration:

Name: _____
Print the full name of the person requesting registration

Address: _____
Print the street number, street name, apartment number (if any), city, state, and zip code of the person requesting registration.

Relationship to child(ren): _____

Other parent or conservator:

Name: _____
Print the full name of the other parent or conservator

Address: _____
Print the street number, street name, apartment number (if any), city, state, and zip code of the other parent or conservator.

Relationship to child(ren): _____

If you have any questions about this letter,

my phone number is _____ and
my email address is _____.

Thank you for your assistance in this matter.



Your Signature

Your Name (printed)

Date: _____

Enclosures and attachments:

(Check all that apply)

- Certified copy of child custody determination issued by a court of another state
- True and correct copy of child custody determination issued by a court of another state
- Statement under penalty of perjury that to the best of the knowledge and belief of the person seeking registration the order has not been modified

Cause No. _____

If there is no cause number in Texas, the clerk will assign one. If a cause number is available, print the cause number and other court information exactly as the court assigned.

In the Interest of the following Minor Child(ren):

(Print the initials of each child.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

In the _____
Court Number

- District Court
- County Court at Law

_____ County,
Texas

**Affidavit in Support of Registration of
Foreign Child Custody Determination
Pursuant to Texas Family Code 152.305(b)**

THE STATE OF TEXAS

COUNTY OF _____
Print name of county where this affidavit is being notarized.

Today _____ appeared in person
Print the full name of the person signing this affidavit.
before me and stated under oath:

"My full legal name is: _____
Print the full name of the person signing this affidavit.

"I am over 18 years of age, of sound mind and capable of making affidavit.

"To the best of my knowledge and belief, the child custody determination that issued from
_____ [court] in _____ [state] in cause
number _____, signed on _____ [date],
which is the determination that I am seeking to register, has not been modified.

Your Signature
DO NOT SIGN until you are in front of a notary.

Sworn under oath before me, the undersigned notary, on this date: _____ / _____ / _____

by: _____
Print the full name of the person signing this affidavit. NOT the notary's name

Notary Stamps Here

▶ _____
Notary's Signature

Notary's Printed Name: _____

My Commission Expires: _____

**INFORMATION ON SUIT AFFECTING THE FAMILY RELATIONSHIP
(EXCLUDING ADOPTIONS)**

SECTION I GENERAL INFORMATION (REQUIRED)

STATE FILE NUMBER

1a. COUNTY _____ 1b. COURT NO. _____
1c. CAUSE NO. _____ 1d. DATE OF ORDER (mm/dd/yyyy) _____

2. TYPE OF ORDER (CHECK ALL THAT APPLY):

DIVORCE/ANNULMENT WITH CHILDREN (Sec. 1, 2 AND 3) DIVORCE/ANNULMENT WITHOUT CHILDREN (Sec 1 AND 2)

ESTABLISHMENT OF COURT OF CONTINUING JURISDICTION (SEC 1 AND 3)
(Court Order Establishing Paternity, Conservatorship, Child Support or Termination of Parental Rights)

CHANGE IN THE NAME OF THE CHILD (SEC 1 AND 3)
(PROVIDE PRIOR AND NEW NAME OF CHILD IN SECTION 3)

TRANSFER OF COURT OR CONTINUING JURISDICTION (SEC1, 3 AND INFORMATION BELOW)

TRANSFER TO: COUNTY _____ COURT NO. _____ STATE COURT ID# _____

3a. NAME OF ATTORNEY FOR PETITIONER	3b. TELEPHONE NUMBER (including area code)
3c. CURRENT MAILING ADDRESS (STREET AND NUMBER OR P.O BOX, CITY, STATE, ZIP)	

SECTION 2 (IF APPLICABLE) REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE

PETITIONER	4. NAME (FIRST MIDDLE LAST SUFFIX)		5. MAIDEN LAST NAME (NAME BEFORE 1 ST MARRIAGE)	
	6. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY)		7. RACE	8. DATE OF BIRTH (mm/dd/yyyy)
	9. USUAL RESIDENCE	STREET NAME & NUMBER	CITY	STATE
RESPONDENT	10. NAME (FIRST MIDDLE LAST SUFFIX)		11. MAIDEN LAST NAME (NAME BEFORE 1 ST MARRIAGE)	
	12. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY)		13. RACE	14. DATE OF BIRTH (mm/dd/yyyy)
	15. USUAL RESIDENCE (STREET AND NUMBER CITY, STATE, ZIP)			
16. NUMBER OF MINOR CHILDREN		17. DATE OF MARRIAGE (mm/dd/yyyy)		18. PLACE OF MARRIAGE (CITY AND STATE OR FOREIGN COUNTRY)

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

CHILD 1	19a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)			
	19b. DATE OF BIRTH (mm/dd/yyyy)	19c. SEX	19d. BIRTHPLACE (CITY, COUNTY AND STATE)	
	19e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE			
CHILD 2	20a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)			
	20b. DATE OF BIRTH (mm/dd/yyyy)	20c. SEX	20d. BIRTHPLACE (CITY, COUNTY AND STATE)	
	20e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE			
CHILD 3	21a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)			
	21b. DATE OF BIRTH (mm/dd/yyyy)	21c. SEX	21d. BIRTHPLACE (CITY, COUNTY AND STATE)	
	21e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE			

ADDITIONAL CHILDREN LISTED ON BACK OF THIS FORM.

I CERTIFY THAT THE ABOVE ORDER WAS GRANTED ON THE DATE AND PLACE AS STATED. _____
SIGNATURE OF THE CLERK OF THE COURT

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document. VS-165 REV 07/2017

ADDITIONAL CHILDREN AFFECTED BY THIS SUIT FROM SECTION 3 (IF APPLICABLE)

CHILD 4	23a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	23b. DATE OF BIRTH (mm/dd/yyyy)	23c. SEX	23d. BIRTHPLACE (CITY, COUNTY AND STATE)
	23e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		
CHILD 5	24a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	24b. DATE OF BIRTH (mm/dd/yyyy)	24c. SEX	24d. BIRTHPLACE (CITY, COUNTY AND STATE)
	24e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		
CHILD 6	25a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	25b. DATE OF BIRTH (mm/dd/yyyy)	25c. SEX	25d. BIRTHPLACE (CITY, COUNTY AND STATE)
	25e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		

Instructions for Completing the Suit Affecting Parent Child Relationship Form**GENERAL REQUIREMENT:**

All divorces/annulments (with or without children) and all suits affecting the parent-child relationship must be reported through the clerk of the court to the State Vital Statistics Unit (VSU).

Consolidated reporting by petitioners, attorneys, and the courts is designed to make mandatory reporting more efficient, timely, and improve the quality of reporting. However, this reporting system is only as good or timely as you make it; therefore, your attention in completing and filing this report is critical.

Legal basis for this reporting is contained in Health and Safety Code §194.002 and Texas Family Code §§108.001-.002 and 108.004.

For information concerning reporting or questions about this form, contact field services at fieldservices@dshs.texas.gov or by phone at 512-776-3010.

The VSU-165 form must be printed double-sided (one sheet not two).

For information on the court of continuing jurisdiction of a child, contact VSU at (888) 963-7111 ext. 2529. Inquiries should be addressed to VSU, 1100 West 49th Street, Austin, Texas, 78756-3191; inquiries may also be faxed to (512) 776-7164 .

SECTION 1 GENERAL INFORMATION (REQUIRED)

This section must be completed for each report filed.

- 1a – d. Enter the required information to identify the court proceeding.
- 2. Check the type of suit being reported. This determines also which sections of the form must be completed. If more than one type of order applies, check all that apply. Transfers from one jurisdiction to another must be reported in this section (if court number is unknown, specify "unknown").
- 3a – c. Complete the attorney information to assist in questions or follow up. If case was *pro se*, please enter the information of the person completing this form.

SECTION 2 (IF APPLICABLE) REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE

All divorces/annulments must be reported, even if there were no minor children. All information is required.

- 4-9. Report the Petitioner's information including maiden name (if applicable).
- 10-15. Report the Respondent's information, including maiden name (if applicable).
- 16. Report the number of minor children affected by this divorce; if none, record "0." This number must correspond to the listing of children in Section 3.
- 17-18. Enter the date and place of the marriage being dissolved.

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

Every child affected by the suit being reported must be listed, and all items concerning that child must be completed. If more than three children are affected, check the "additional children listed on back of form" box, and continue to list the additional children. If more than 6 children complete section 3 on another form, label it "continuation" and attached the continuation form to the original form.

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

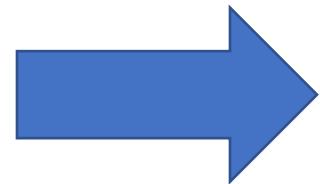
Home / Domicilio _____

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.

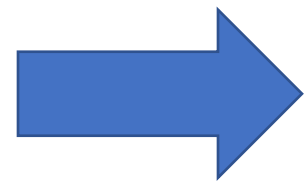
➤ \$_____ from social security / de seguro social.



- \$ _____ 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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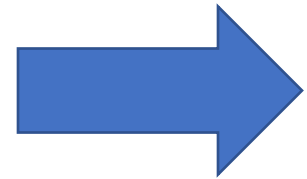
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10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.

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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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

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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

