D-1-DC-

|  |  |  |
| --- | --- | --- |
| **STATE OF TEXAS** | **§** | **IN THE DISTRICT COURT** |
|  | **§** |  |
| **v.** | **§** | **XXX JUDICIAL DISTRICT** |
|  | **§** |  |
| XXXXXXXX | **§** | **TRAVIS COUNTY, TEXAS** |

**Affidavit of Inability to Pay For Necessary Expert**

State of Texas \*

County of Travis \*

Before me, the undersigned notary, on this day personally appeared XXXXXXXX who being duly sworn by me, states upon oath as follows:

*Due to my financial situation, I cannot afford to pay for an expert to assist in my defense. The following information accurately states my liabilities, assets, expenses, and income:*

# Debts and Other Liabilities

(Excluding any house or car payments)

# Name of Creditor Debt Amount Monthly Payment

1. $ $

2. $ $

**Total Debts and Other Liabilities:** $

# Property

**Cars or Trucks** (year and make)

1)

2)

### Checking or Savings Accounts

1) Bank: Amount: $

2) Bank: Amount: $

**Cash**

Amount $

### Monthly Expenses

Rent/Mortgage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing/Laundry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Monthly Expenses:** $

# Monthly Income

## **Type of Income**

Public Benefits:

Net Employment:

Other Income:

Spouse’s Income:

(if available)

**Amount**

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Source or Description of Income**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Dependents:** \_\_\_\_\_\_\_ **Total Monthly Income:** $ \_\_\_\_\_\_\_\_\_\_\_

*I verify that the statements made in this affidavit are true and correct. I do not have access to additional resources not outlined in this affidavit.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant

Subscribed and sworn to before me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Texas