

**Notice: THIS DOCUMENT CONTAINS CASE SENSITIVE DATA**

Cause Number:

\_\_\_\_\_  
Name of Plaintiff/Landlord

In the (Check one)  
 Justice Court  
 County Court / \_\_\_\_\_  
 Court at Law (Court Number)

v.

\_\_\_\_\_  
Name of Defendant/Tenant

\_\_\_\_\_  
(County) County

**Defendant/Tenant’s Notice of Appeal, Answer, & Statement of Inability to Afford Payment of Court Costs or an Appeal Bond**

① **Your Information**

I am the Defendant/Tenant in this eviction case. If I have not already filed a written answer, I enter a general denial. I wish to appeal the judgment in this eviction case. This is my notice of appeal.

My full legal name is: \_\_\_\_\_  
First Middle Name/Initial Last

My date of birth is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month/day/year

My address is: (Home) \_\_\_\_\_  
 (Mailing address, if different from Home address) \_\_\_\_\_

My phone number: \_\_\_\_\_ My email (if you use one): \_\_\_\_\_

② **About my dependents:** (The people who depend on me financially are listed below.)

Name	Age	Relationship to me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

③ **Are you represented by Legal Aid?** (Check where applicable.)

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 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.

④ **Do you receive public benefits?** (Check where applicable.)

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       LIS in Medicare ("Extra Help")       WICI
- Public Housing or Section 8 Housing       Community Care via DAD       Low-Income Energy Assistance
- SSI       Telephone Lifeline
- Child Care Assistance under Child Care and Development Block Grant       Medicaid
- Needs- based VA Pension       CHIP       Emergency Assistance       AABD
- County Assistance, County Health Care, or General Assistance (GA)
- Other: \_\_\_\_\_

⑤ **What is your monthly income and income sources?** I get this monthly income.

\$ \_\_\_\_\_ in monthly wages. I work as a \_\_\_\_\_ for \_\_\_\_\_  
(Your job title) (Your employer)

\$ \_\_\_\_\_ 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 Compensation
  - 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)

\$ \_\_\_\_\_ is my total **monthly** income.

⑥ **What is the value of your property?**

My property includes:	Value*
Cash	\$ _____
Bank accounts, other financial assets	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) (make and year)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other property (Like jewelry, stocks, land, another house etc.)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total value of property →</b>	<b>\$ _____</b>

⑦ **What are your monthly expenses?**

My monthly expenses are:	Amount
Rent/ house payments/Maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child/ spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: (List)	
_____	\$ _____
_____	\$ _____
<b>Total Monthly Expenses →</b>	<b>\$ _____</b>

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

⑧ **Are there debts or other facts explaining your financial situation?**

My **debts** include: (List debt and amount owed)

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(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.

⑨ **Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear (*check applicable*):

I can not afford to pay court costs.

I can not furnish an appeal bond or pay cash deposit to appeal a justice court decision.

My name is \_\_\_\_\_ . My date of birth is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
month/day/ year

My address is \_\_\_\_\_ , USA.  
Street City State Zip Code

➤ \_\_\_\_\_ Signed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_ County, USA.  
Signature month/day/ year