



g. Do you have any pending lawsuits for the recovery of money? No If so, list:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

h. If you own any of the following, state the value:

Home \$ \_\_\_\_\_ Car \$ \_\_\_\_\_ Boat \$ \_\_\_\_\_  
Jewelry \$ \_\_\_\_\_ Furniture \$ \_\_\_\_\_ Tools \$ \_\_\_\_\_  
Appliances \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_

4. Expenses:

List the debts you owe:

CREDITOR	BALANCE	MO. PAYMENT
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

What are your average monthly utility bills?

Electricity \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_  
Water/Trash \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_

5. Have you transferred or sold any property since this case was filed? \_\_\_\_\_ If so, describe the buyer, the property transferred, and the amount you received?

6. Do you have an attorney in this or any other pending civil or criminal case? \_\_\_\_\_ If so, what is the attorney name and how much have you paid the attorney?

\_\_\_\_\_ \$ \_\_\_\_\_

7. Do you have any friends and/or relatives who are able and willing to assist you in hiring an attorney and/or paying the costs of this case? \_\_\_ Yes \_\_\_ No. If so, have those persons been asked for help? \_\_\_ Yes \_\_\_ No.

**I swear (or affirm under penalty of perjury) that I am without funds or other sources of income to pay an attorney and/or to pay the costs associated with this case. I have READ and UNDERSTAND the above sworn statement and understand that if it is knowingly false, a charge of PERJURY could be filed against me.**

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Print Your Name

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

\_\_\_\_\_  
Notary Public

My Commission Expires:

My Commission Number:

\_\_\_\_\_

\_\_\_\_\_

**ORDER RELATING TO COURT COSTS**

It is ORDERED that the costs in this case shall be \$\_\_\_\_\_ at this time, and shall be:

- reconsidered at final hearing;
- assessed before the final order is entered;
- waived in full.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of the District Court

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Print Your Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Print Your Phone Number