

Cause Number: _____
(The box will print the Cause Number when you file this form.)

Petitioner/
Plaintiff

MATTHEW ROSSINI

In the *(check one):*

- District Court
- County Court at Law
- Justice of the Peace

Respondent/
Defendant

KIM VU

DENTON

County, Texas

Affidavit of Indigency (Request to Not Pay Court Fees)

Use this form to ask the court not to charge you for court fees. This form is also called an "Affidavit of Inability to Pay Court Costs" or a "Pauper's Oath." You can only use this form if: (1) you get public benefits because you are poor or (2) you can't pay court fees. The information you give on this form must be current, complete, true and correct.

You must either 1) sign this form in front of a notary public or 2) sign this form and sign and attach a completed "Unsworn Declaration" form. By signing in front of a notary, you *swear under oath* that the information provided is true and correct. By signing and attaching an "Unsworn Declaration" form, you *declare under penalty of perjury* that the information provided is true and correct.

You can be prosecuted if you lie on this form. The court may or may not approve this request to not pay court fees. The court may order you to answer questions about your finances at a hearing. At that hearing you will have to present evidence to the judge of your income and expenses to prove that you have no ability to pay court fees.

① The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:

"My name is MATTHEW ROSSINI My phone number is (214) 793-5445
"My mailing address is 697 METRO PARK CIR STE #19 LEWISVILLE TX 75057

"I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form.

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

- ② "I receive these public benefits/government entitlements that are based on indigency:
- SSI WIC Food Stamps/SNAP TANF Medicaid CHIP AABD
 - Needs-based VA Pension County Assistance, County Health Care, or General Assistance (GA)
 - LIS in Medicare ("Extra Help") Community Care via DADS Low-Income Energy Assistance
 - Emergency Assistance Child Care Assistance under Child Care and Development Block Grant
 - Public Housing Other: *(Describe)* _____

! If you receive any of the above public benefits, attach proof and label it "Exhibit: Proof of Public Benefits"

③ "My income sources are stated below. (Check all that apply)

- Unemployed since: _____ -or- _____
- Wages: I work as a MECHANIC for LEGENDARY FUNKS GARAGE

- Child/spousal support My spouse's income or income from another member of my household *(if available)*
- Tips, bonuses Military Housing Worker's Comp Disability Unemployment Social Security
- Retirement/Pension Dividends, interest, royalties 2nd job or other income: _____
(describe)

④ "My income amounts are stated below.

- (a) My monthly net income *after taxes* are taken out is: Total income *after taxes* → \$ 2,000
- (b) The amount I receive each month in public benefits is: Total amount received → + \$ _____
- (c) The amount of income from other people in my household is:* Total amount received → + \$ _____
- (d) The amount I receive each month from other sources is: Total amount received → + \$ _____
- (e) My TOTAL monthly income is Add all sources of income above → = \$2,000

**List this income only if other members contribute to your household income.*

⑤ About my **dependents**: "The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1		
2		
3		
4		
5		
6		

⑥ "My property includes:

	Value*
Cash	\$
Bank accounts, other financial assets (List)	
<u>Checking</u>	\$ <u>483.00</u>
	\$
	\$
Vehicles (cars, boats) (List make and year)	
	\$
	\$
	\$
Real estate (house or land) (Do not list the house you live in.)	
	\$
	\$
Other property (like jewelry, stocks, etc.) (Describe)	
	\$
	\$

⑦ "My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ <u>1,000</u>
Food and household supplies	\$ <u>300</u>
Utilities and telephone	\$ <u>250</u>
Clothing and laundry	\$ <u>25</u>
Medical and dental expenses	\$ <u>300</u>
Insurance (life, health, auto, etc)	\$ <u>300</u>
School and child care	\$
Vehicle payments	\$
Gas, bus fare, auto repair	\$
Child / spousal support	\$
Wages withheld by court order	\$
Debt payments	\$
Other expenses (Describe)	\$
	\$
	\$

Total value of property → = \$ 483.00

Total monthly Expenses → = \$ 1875.00

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

⑧ "My debts include: List debt and amount owed. NONE

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page.

⑨ "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."

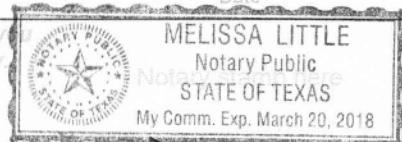
⑩ Your Signature. You must either: 1) sign this form in front of a notary public or 2) sign this form and sign and attach a completed "Unsworn Declaration" form.

[Signature]
Your Signature

3/25/14
Date

State of Texas
County of DEATON
Print the name of county where this Affidavit is notarized.

Notary fills out this section if you are signing in front of a notary.



Sworn to and subscribed before me today, 03/25/14, by

MATTHEW FOSSILLI
Print name of person who is signing this Affidavit. NOT the notary's name.

[Signature]
Notary's Signature