

# How to File A Lawsuit for Free

Did you know that low-and moderate-income people may not have to pay any court costs when they file civil lawsuits in any court in Texas? Yes, it is true! The reason is simple. All people—regardless of income—have a constitutional right to access the courts.

Costs are defined as any fee charged by the court or an officer of the court. Fees could be included in a bill, including, but not limited to, filing fees, fees for issuance and service of process (notification to the other party in your lawsuit, called the Respondent), fees for a court-appointed professional, and fees charged by the clerk or court reporter for preparation of a record when you appeal your case.

## Here is How it Works

Upon filing your lawsuit at the Justice Court, County Court or District Court, you also need to file a **Statement of Inability to Afford Payment of Court Costs**. *(An example of this statement is attached to the end of this guide).*

You must provide your financial information (income and expenses) and make sure you list all of the government benefits you receive (such as food stamps, CHIP, etc). It is also very important to attach a copy of these government benefits to your Statement before you file it. The Statement must either be sworn to before a notary or made under penalty of perjury (without a notary).

## This Texas Rule Provides Significant Protections

First, your inability to pay court costs cannot be challenged by a Clerk from any of the above Courts, or the other party to your lawsuit (Respondent) without sworn evidence that your claim is false. And, should there be a challenge, you

cannot be required to pay any costs, except by court order, after you receive 21 days notice of a hearing and attend such hearing.

Second, at the end of your lawsuit, when a judgment is issued it cannot order you to pay court costs. If it does, it is void unless the court has issued an order determining that you can pay (after notice and hearing), or you can pay the costs because you won a monetary award.

## **Texas Legislature Also Cares About Access to Courts**

The Texas Legislature is also concerned about providing access to the courts for all Texans, including people involved in criminal matters. Representative Moody from El Paso has recently introduced [HB 1465](#), which states, in relevant part:

“(b) Notwithstanding any other law, a judge or justice of the supreme court, the court of criminal appeals, a court of appeals, a district court, a criminal district court, a constitutional county court, a statutory county court, a justice court, or a municipal court, in a civil or criminal proceeding who finds that the defendant or plaintiff in the proceeding is indigent shall waive all court costs, including costs on conviction, and all filing fees and other fees imposed by law on the indigent defendant or plaintiff.”

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At [DiFilippo Holistic Law Center](#), we want to make civil legal matters as easy as possible to navigate, at rates affordable to you. We offer legal advice along with the documents you need to address many common legal issues.

We are passionate about helping Texans get access to the courts! If you need any assistance with a [Divorce](#), [Will](#), or if you have a [Landlord Tenant](#) issue, please [contact us here](#).

For help with other legal needs, please visit us at <http://difilippoholisticlaw.com>.

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This Guide is for information only; it is not legal advice or a substitute for legal counsel. Downloading this material does not establish an attorney-client relationship.

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



Cause Number: \_\_\_\_\_  
*(The Clerk's office will fill in the Cause Number when you file this form)*

Plaintiff: \_\_\_\_\_  
*(Print first and last name of the person filing the lawsuit.)*

And

In the \_\_\_\_\_ (check one):  
Court \_\_\_\_\_  
Number \_\_\_\_\_  
 District Court  
 County Court / County Court at Law  
 Justice Court

Defendant: \_\_\_\_\_ Texas  
*(Print first and last name of the person being sued.)* County \_\_\_\_\_

**Statement of Inability to Afford Payment of Court Costs or an Appeal Bond**

**1. Your Information**

My full legal name is: \_\_\_\_\_ My date of birth is: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Middle Last Month/Day/Year*

My address is: (Home) \_\_\_\_\_  
(Mailing) \_\_\_\_\_

My phone number: \_\_\_\_\_ My email: \_\_\_\_\_

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

<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

**2. Are you represented by Legal Aid?**

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 that 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.

**3. Do you receive public benefits?**

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

**4. 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 Comp  
 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.

**5. What is the value of your property?**

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

**6. 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: <small>(List)</small>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<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.

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

"My debts include: (List debt and amount owed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_"

(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.

**8. Declaration**

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is \_\_\_\_\_ . My date of birth is : \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

My address is \_\_\_\_\_  
Street City State Zip Code Country

 signed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
Signature Month/Day/Year county name State