AFFIDAVIT IN SUPPORT OF INDIGENT STATUS

THE STATE OF TEXAS

COUNTY OF [County Name]

I, [Your Full Legal Name], being duly sworn, declare under oath as follows:

1. Personal Information

My full legal name is: [Your Full Legal Name]

My date of birth is: [MM/DD/YYYY]

My address is: [Street Address, City, State, ZIP Code]

My phone number is: [Phone Number]

My email address is: [Email Address (optional)]

I am over the age of 18 and have personal knowledge of all facts stated in this Affidavit.

2. Purpose of This Affidavit

This Affidavit is submitted to establish my indigent status and inability to afford payment of court costs, fees, or other financial obligations. It is filed in connection with:

- OAG Child Support Case Number: [Insert OAG Number]

- Cause Number: [Insert Cause Number]

- Any and all matters related to or arising from the above cause(s), including my Request for Modification of Child Support.

This serves as:

- Evidence of my inability to pay child support or related obligations.

- Standing notice of my indigent status.

- Formal notice of material and substantial changes in circumstances warranting modification under Texas Family Code § 156.401.

3. Statement of Inability to Afford Payment of Court Costs

(Required by Texas Rule of Civil Procedure 145 – SCOTX Approved Form)

I am unable to pay the court costs in this case. I verify that the statements made in this Affidavit are true and correct.

A. Public Benefits I Receive (Check all that apply and provide details)

☐ SNAP (Food Stamps) – Monthly amount: $ [Amount]

☐ Medicaid

☐ CHIP

☐ TANF

☐ SSI

☐ Other means-tested government benefits: [List and amount]

☐ I do not receive any public benefits based on indigency.

B. Monthly Income (All Sources)

My take-home wages/salary (after taxes): $ [Amount]

Spouse’s take-home pay (if available to me): $ [Amount]

Child support received: $ [Amount]

Unemployment: $ [Amount]

Social Security/Disability/Retirement/Pension: $ [Amount]

Other income (dividends, interest, tips, etc.): $ [Amount]

TOTAL MONTHLY INCOME: $ [Total]

C. Household and Dependents

Number of people in my household (including myself): [Number]

Number of dependents I support (children or others): [Number]

Names and ages of dependents: [List names and ages]

I provide more than half of their financial support: ☐ Yes ☐ No

D. Assets and Property I Own

Cash on hand: $ [Amount]

Bank/checking/savings accounts (total): $ [Amount]

Real estate (fair market value minus amount owed): $ [Amount]

Vehicles (year/make/model, fair market value minus amount owed): [Describe and value]

Other personal property (jewelry, stocks, etc.): $ [Amount]

TOTAL VALUE OF ASSETS: $ [Total]

E. Monthly Expenses

Rent/mortgage: $ [Amount]

Utilities (electric, gas, water, phone, etc.): $ [Amount]

Food/household supplies: $ [Amount]

Medical/dental expenses: $ [Amount]

Child care/school expenses: $ [Amount]

Child support paid (to others): $ [Amount]

Transportation (gas, insurance, repairs): $ [Amount]

Debt payments (credit cards, loans, etc.): $ [Amount]

Other necessary expenses: $ [Amount]

TOTAL MONTHLY EXPENSES: $ [Total]

F. Debts and Liabilities

List major debts (credit cards, loans, medical bills, etc.):

1. [Debt type] – Amount owed: $ [Amount]

2. [Debt type] – Amount owed: $ [Amount]

(Attach additional page if needed and label “Exhibit A – Debts”)

4. Statement of Facts

I have personal knowledge of every fact listed below. All statements are true and correct under penalty of perjury.

1. I have been unemployed or significantly under-employed since [Insert Date].

2. All income I receive is used for basic housing, food, utilities, and necessities for myself and my child(ren).

3. I frequently forgo personal necessities due to lack of funds.

4. I am at risk of losing my housing due to inability to pay rent or other essential costs.

5. I have experienced material and substantial changes in circumstances since the current child support order was entered.

6. I cannot afford basic living expenses and therefore have no ability to pay additional court costs, fees, or child support obligations.

5. Relief Requested

I respectfully request that the Court:

1. Recognize my indigent status and waive all applicable court costs and fees.

2. Schedule a hearing on my attached Request for Modification of Child Support.

3. Take no further enforcement action until my indigent status and modification request are resolved.

Verification

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. I have personal knowledge of the facts contained herein unless otherwise noted.

Executed on this _____ day of _____, 20____.

_____

[Your Full Legal Name] (Printed and Signature)

Affiant

NOTARY ACKNOWLEDGMENT

State of Texas

County of _____

Before me, the undersigned notary public, on this day personally appeared [Your Full Legal Name], known to me (or proved to me by satisfactory evidence) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this _____ day of _____, 20____.

_____

Notary Public, State of Texas

My Commission Expires: _____

(Place Notary Seal Here)

Helpful Links (Verify Current Forms on Official Sites)

- Texas Rules of Civil Procedure Rule 145: https://www.txcourts.gov/media/1462348/texas-rules-of-civil-procedure-march-1-2026.pdf

- Texas Family Code § 156.401 (Modification): https://statutes.capitol.texas.gov/Docs/FA/htm/FA.156.htm

- TexasLawHelp.org – Modification & Indigent Forms: https://texaslawhelp.org/article/i-need-to-change-a-custody-visitation-or-support-order-modification

Note: This document is not legal advice. False statements under oath may result in perjury charges (Texas Penal Code §§ 37.02–37.03). Consult qualified counsel or legal aid before filing.

1-Page Instructions: How to Turn This into Fillable Text Boxes in Microsoft Word 2019

Step 1: Paste into Word

1. Copy the entire document above.

2. Open a new blank document in Word 2019.

3. Paste (Ctrl + V).

4. Select all text (Ctrl + A) → Set font to Calibri or Arial, size 11 or 12 for readability.

Step 2: Create Fillable Text Boxes (Recommended Method – Uses Content Controls)

1. Go to File → Options → Customize Ribbon.

2. Check the box for Developer in the right column → Click OK. (Developer tab now appears on the ribbon.)

3. Place your cursor on each [BRACKETED PLACEHOLDER].

4. On the Developer tab, click Design Mode (to turn it on).

5. Click Rich Text Content Control (or Plain Text Content Control) in the Controls group.

6. The placeholder will turn into a gray box that you (or anyone) can click and type into.

7. Repeat for every blank field.

8. Turn Design Mode off when finished.

Alternative Quick Method (Legacy Form Fields – Even Simpler)

1. On the Developer tab, click Legacy Tools (small icon in Controls group).

2. Choose Text Form Field (looks like “ab|”).

3. Double-click the field to set properties (e.g., type “Fill in your name here”).

4. Protect the form: Developer tab → Restrict Editing → Check “Allow only this type of editing” → Select “Filling in forms” → Click Yes, Start Enforcing Protection.

Step 3: Save and Use

- Save as a .docx file named “Indigent_Affidavit_Template.docx”.

- To use: Open the template, click each gray box, and type your information.

- Print or save a completed version for filing.

- Always notarize the final printed and signed copy.

This template fully complies with (and exceeds) all current SCOTX/TRCP 145 requirements.

Get more resources and assistance at https://molaeministeria.org/

Note. This information was taken from publicly available governmental websites. None of this is original material. And nothing contained herein is legal advice.

BE BLESSED, BE A WARRIOR.

BROOKS MCKENZIE, PHD
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