

IN THE GUARDIANSHIP OF _____,
AN INCAPACITATED PERSON

§
§
§

IN PROBATE COURT
NO. ____ OF
DALLAS COUNTY, TEXAS

AFFIDAVIT OF INABILITY TO PAY COURT COSTS AND AD LITEM FEES

STATE OF TEXAS §
COUNTY OF DALLAS §

The undersigned appeared before me, a notary public, and after being duly sworn, declared the following:

“I, _____, (“Applicant”), declare that the Ward named above **does not** have sufficient assets and income to pay court costs and ad litem fees in this guardianship proceeding. In support of such conclusion, I am aware of the following information concerning the Ward:

(Please put N/A by all items that do not apply. When this affidavit is complete, there should be no blanks. Use a separate sheet if extra space is needed – all income, expense and assets should be listed.)

1. Ward’s Monthly Income

- Social Security Retirement Income \$ _____
- Social Security Survivor Income \$ _____
- Social Security Disability Income (SSDI) \$ _____
- Supplemental Security Income (SSI) \$ _____
- Payments received from Trust Funds \$ _____
- Payments received from Special Needs Trusts \$ _____
- Veteran’s Administration Benefits (VA but not ANA) \$ _____
- IRA (all types) and 401(k) payments \$ _____
- Investment Income and Dividends \$ _____
- Annuity payments \$ _____
- Pensions \$ _____
- Railroad Retirement / Teacher’s Retirement payments \$ _____
- All other Retirement payments \$ _____
- Child Support payments \$ _____
- Oil and Gas Royalties \$ _____
- Other sources of income \$ _____

TOTAL OF ALL MONTHLY INCOME	\$ _____
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2. Does the Ward reside in a nursing home or a facility? Y___ N___

Does the Ward receive any government assistance to pay for their residential care? Y___ N___

Does the Ward receive Medicaid Benefits? Y___ N___

Name of Ward’s Representative Payee? _____

Address of Representative Payee: _____

3. Ward's Assets (list value)

Home \$ _____
Mortgage \$ _____
Trust or Special Needs Trust Fund Corpus \$ _____
Bank Accounts \$ _____
Certificates of Deposits \$ _____
IRAs \$ _____
401(k)s \$ _____
Stocks \$ _____
Bonds \$ _____
Mutual Funds \$ _____
Other Investment/Retirement Accounts \$ _____
Rental Property \$ _____
Mortgages \$ _____
Motor Vehicles (cars, trucks, motorcycles, etc.) \$ _____
Mobile Homes \$ _____
Other (trailer, boat, camper, guns, collections, etc.) \$ _____
Oil, Gas, and Mineral properties \$ _____
Structure Settlements \$ _____
Real Estate Lien Notes \$ _____
Other (not listed above) \$ _____

TOTAL VALUE OF ALL ASSETS	\$ _____
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4. Ward's Monthly Expense

Rent Payment \$ _____
Car Payment \$ _____
Transportation Costs \$ _____
Insurance \$ _____
Food \$ _____
Utilities \$ _____
Medical/Dental \$ _____
Clothing/Laundry \$ _____

Expenses not listed above: \$ _____
Creditor _____ \$ _____

TOTAL OF ALL MONTHLY EXPENSES	\$ _____
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“I swear under penalty of perjury that the above information is complete and correct.”

Applicant's signature

SUBSCRIBED AND SWORN TO BEFORE ME by _____ on this
the _____ day of _____, 20____. (printed name of Applicant signing the affidavit)

Notary's signature