

Sworn Statement of No Ability to Pay

I, , of legal age, residing at ,
hereby declare under oath the following:

1. That I am presently unable to pay the required fees due to my financial incapacity.
2. That I am not presently employed and have no source of regular income;
or, my income is insufficient to cover my basic daily needs and those of my family.
3. That I have not concealed any funds or property and that this statement is being made to the best of my knowledge and belief.
4. That I am executing this Sworn Statement to attest to the truthfulness of my claim of inability to pay and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , 20, at
.

Affiant

SUBSCRIBED AND SWORN to before me this day of , 20, at
.

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