

## Sworn Statement of No Ability to Pay

I, [REDACTED], of legal age, residing at [REDACTED], 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 [REDACTED] day of [REDACTED], 20[REDACTED], at  
[REDACTED].

[REDACTED]

Affiant

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

Doc. No. [REDACTED]  
Page No. [REDACTED]  
Book No. [REDACTED]  
Series of [REDACTED]