

**\*\*\*These forms are not a substitute for legal advice.\*\*\***

**By law, no member of the Court staff may give any patron legal advice.**

Accordingly, staff may not interpret legal materials for patrons, advise them as to how the law might apply to their particular situation, or assist them in preparing and filling out legal forms of any kind. Staff can provide patrons legal assistance by directing them to topical print materials, sections, and subject headings that might be helpful in answering a particular question.

## **APPEAL FROM JUSTICE COURT TO COUNTY COURT**

This form packet contains these documents:

1. Notice of Appeal and Statement of Inability to Afford Payment of Court Costs
2. Statement of Inability to Afford Payment of Court Costs or an Appeal Bond
3. Notice of Appeal – Cash Deposit – Civil/Eviction
4. Certificate of Service

### **Steps to Follow:**

1. **Prepare the Appeal Bond form**, filling it out completely. *It is perfectly all right to hand-write on these forms.* Make two additional copies of the Appeal Bond to take with you when you file.
2. **File the Appeal Bond** with the Justice Court that rendered the judgment against you.
3. **If you cannot afford to file the Appeal Bond**, you may file the **Sworn Statement of Inability to Pay**. To do this, prepare both the **Sworn Statement of Inability to Pay and Order on Sworn Statement of Inability to Pay forms**, filling them out completely. Sign the Sworn Statement in front of a Notary Public. **DO NOT** sign the Sworn Statement UNTIL you are in front of the Notary. Make two additional copies of the Sworn Statement and the prepared Order to take with you when you file. Then file the signed and notarized Sworn Statement with the Justice Court that rendered the judgment against you. Give the Clerk the prepared Order on Sworn Statement of Inability to Pay.
4. **You must notify the other party to the suit** that you have filed the Appeal Bond. This notification must be given *no later than seven days* after the Appeal Bond or Affidavit has been filed. You may do this by sending a copy of the *filed* Appeal Bond via certified mail, return receipt requested to the other party.
5. **Once you have given the other party notice**, complete the **Certificate of Service** form and file it with the Justice Court.

**Affidavit in Lieu of Appeal Bond – Statement of Inability to Afford Payment of Court Costs**

CAUSE NO.: \_\_\_\_\_

_____	§	IN THE JUSTICE COURT
<i>Plaintiff</i>		
VS	§	PRECINCT 3, PLACE 1
_____	§	COLLIN COUNTY, TEXAS
<i>Defendant</i>		

NOTICE OF APPEAL AND  
STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, Plaintiff/Defendant in the above-styled number cause, and, as appellant, desires to appeal to the County Court At Law in Collin County, Texas: and, being sworn, on oath, states that \_\_\_\_\_, Plaintiff/Defendant, appellee, recovered judgment against \_\_\_\_\_, Plaintiff/Defendant, appellant, for the sum of \$ \_\_\_\_\_ (Judgment), plus cost of suit \$ \_\_\_\_\_, and that appellant is unable to pay the cost of appeal or any part thereof, or to give security therefore or any part thereof.

I PLAINTIFF/DEFENDANT, UNDERSTAND THAT, FAILURE TO DEPOSIT THE REQUIRED AMOUNT OF RENT INTO THE REGISTRY OF THIS COURT BY THE FIFTH DAY FROM THIS DATE MAY RESULT IN THE COURT ISSUING A WRIT OF POSSESSION WITHOUT A HEARING.

\_\_\_\_\_  
Appellant

SWORN TO AND SUBSCRIBED before me the said \_\_\_\_\_, Plaintiff/Defendant, on this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
Clerk of the Court or Notary Public  
Justice of the Peace 3-1  
Collin County, Texas

\_\_\_\_\_  
NOTARY SEAL/CLERK STAMP

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



Cause Number: \_\_\_\_\_  
*(This includes the official case number and any sub-causes, if any.)*

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

In the \_\_\_\_\_ County, Texas  
Court Number: \_\_\_\_\_  
 District Court  
 County Court / County Court at Law  
 Justice Court

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

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Last, first, middle, and suffix)* *(Month, Day, Year)*

My address is: \_\_\_\_\_  
*(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 you</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 that apply, and attach proof to your application for each benefit you receive.)*

- 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: \_\_\_\_\_



**NOTICE OF APPEAL – CASH DEPOSIT – CIVIL/EVICTION**

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF (S)

IN THE JUSTICE COURT

v.

PRECINCT 3-1

\_\_\_\_\_  
DEFENDANT(S)

COLLIN COUNTY, TEXAS

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the above-styled and numbered cause, before the Judge of Justice Court, Precinct 3-1, Collin County, State of Texas, \_\_\_\_\_ recovered a judgment against \_\_\_\_\_ for the sum of \$ \_\_\_\_\_ and court costs \$ \_\_\_\_\_, from which judgment the appellant, **Plaintiff / Defendant (circle one)** \_\_\_\_\_ hereby gives Notice of Appeal of the court's ruling to the County Court at Law of Collin County, Texas.

Now, therefore, I (appellant) \_\_\_\_\_ acknowledge myself bound to pay unto **Plaintiff / Defendant (circle one)** \_\_\_\_\_ the sum of \$ \_\_\_\_\_, hereby posted in cash into the Justice Court's registry, conditioned that the appellant shall prosecute his/her appeal to effect, and shall pay off and satisfy the judgment which may be rendered against him/her on such appeal.

Witness my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Appellant signature: \_\_\_\_\_

Appellant print name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: cell/home/work): \_\_\_\_\_

After considering this Notice of Appeal, the court finds and hereby orders that the same be **GRANTED/DENIED.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Judge Chuck Ruckel - Justice Court, Precinct 3-1**  
**920 East Park Blvd, Ste 220**  
**Plano, Texas 75074**

CAUSE NO.: \_\_\_\_\_

_____ <i>Plaintiff</i>	§	IN THE JUSTICE COURT
VS	§	PRECINCT 3, PLACE 1
_____ <i>Defendant</i>	§	COLLIN COUNTY, TEXAS

**CERTIFICATE OF SERVICE**

I certify that a true copy of the above \_\_\_\_\_ [Appeal Bond OR  
Statement of Inability to Afford Costs] has this day been sent by certified mail, return receipt  
requested to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On \_\_\_\_\_ [date].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address and Telephone