



**FINANCIAL AFFIDAVIT FOR PAYMENT PLAN, COMMUNITY SERVICE OR
INDIGENCE HEARING REQUEST**

Your name (First, Middle, Last, Maiden)		
Citation Numbers of Charges Filed in the Todd Mission Municipal Court:		
Offenses Allegedly Charged with:		
Amount Due on Each Citation:		
SSN#	Date of Birth	Driver License/Identification Number AND State
Current Address: (Include P.O. Box#, Apt#, Lot#, City, State and ZIP)		
Home and Cell Telephone Number:		Email Address:
Own	Rent	Rent Free
If RENT, Landlord Name _____ Telephone# _____		Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Are you currently on probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO If you marked YES, where? _____		
Monthly Probation/Restitution fees: \$ _____		
Probation/Parole Officer Name: _____ Phone Number: _____		

Spouse Name:			
Spouse's Employer's Name and Address			
Spouses: Title or Position	Fulltime / Part time	Hourly Rate of Salary	Pay Schedule (weekly, biweekly, mont

INITIAL ALL THAT APPLY.

- _____ The Court has advised me that I am responsible for satisfying the judgment and sentence as ordered:
- _____ I assert that I am unable to pay the fine and costs immediately and that the following information is documentation that I have insufficient resources or income to pay, I am not able to perform community service and request an Indigence Hearing.
- _____ I request that the Court extend the payment to a later date and grant a time payment plan.
- _____ I request that I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs. I would like to claim indigence and request a hearing.
- _____ I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program.
Name of program: _____

<input type="checkbox"/> I AM EMPLOYED <input type="checkbox"/> I AM UNEMPLOYED HOW LONG UNEMPLOYED? _____			
<input type="checkbox"/> I AM A FULL TIME STUDENT AND SUPPORTED BY:			
PARENTS	LEGAL GUARDIANS	GRANTS	OTHER _____
Current or Last Employer's Name		Current or Last Employer's Work Telephone Number:	
Current or Last Employer's Address			
City		State and Zip Code	
Spouses: Title or Position	Fulltime / Part time	Hourly Rate of Salary	Pay Schedule (weekly, biweekly, monthly)
Title or Position			
How Long at Current/Last Job?		Next Check	

My Dependents: The people who depend on me financially are:

	Name	(Age)	Relationship to me
a.	_____	()	_____
b.	_____	()	_____
c.	_____	()	_____
d.	_____	()	_____
e.	_____	()	_____

My Property/Financial Assets Include:

Current Account Balance

Checking	\$ _____
Savings	\$ _____
Money Market	\$ _____
Investments	\$ _____
Other	\$ _____
Total Assets	\$ _____

ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

- | | |
|--|----------|
| a. Home mortgage payment, rent, or lot rental for trailer: | \$ _____ |
| b. Credit cards: | \$ _____ |
| c. Utilities (electricity, water, gas): | \$ _____ |
| d. Cell Phone: | \$ _____ |
| e. Food and Toiletries: | \$ _____ |
| f. Clothing Laundry and cleaning: | \$ _____ |
| g. Tuition and books, if in school: | \$ _____ |
| h. Medical, dental, and drug expenses: | \$ _____ |
| i. Insurance (auto, life, medical, homeowners/renters): | \$ _____ |

- j. Transportation/gas: \$ _____
- k. Monthly Car Payments: \$ _____
- l. Alimony or support payments: \$ _____
- m. IRS Taxes Deducted from wages: \$ _____
- n. Cable/Satellite/Internet: \$ _____
- o. Other Loans: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Public/Government/Other INCOME:

- Retirement/Pension \$ _____
- Alimony/Child Support \$ _____
- Unemployment Benefits \$ _____
- Dividends, Interest Royalties \$ _____
- 2nd Job or other income (Describe) \$ _____
Describe: _____
- Other Source of Support \$ _____ (provide info below)
Name: _____
Address: _____
Phone Number: _____

I receive these **public benefits/government entitlements** that are based on indigence:

- WIC
- TANF
- Food Stamps/SNAP \$ _____
- Medicaid
- CHIP
- Needs-based
- VA Pension
- AABD
- LIS in Medicare
- County Assistance, County Health Care or General Assistance
- Public Housing
- Social Security \$ _____
- Low Income Energy Assistance
- Emergency Assistance
- Child Care Assistance
- Disability \$ _____
- Welfare Assistance \$ _____

My monthly take-home wages:

The amount I receive each month in **public benefits** is: \$ _____

The amount of income from **other people in my household** is: \$ _____

The amount I receive each month from **ALL other sources** are: \$ _____

The amount I receive each month, **if employed** is: \$ _____

TOTAL MONTHLY INCOME IS: \$ _____

Please List 2 Character References:

1. Name: _____ Address: _____
Telephone Number: _____ Relationship to you: _____
2. Name: _____ Address: _____
Telephone Number: _____ Relationship to you: _____

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ EACH STATEMENT, THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT, YOU UNDERSTAND THEM AND AGREE TO ALL THAT ARE LISTED:

- I promise that until my case(s) have been disposed of, I will notify this Court in writing by email or by first-class mail of any changes of my address, telephone number or email address within ten (10) days of the change;
- I understand that until my case(s) are disposed of, I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment;
- I understand that if I pay any part of the fine, costs or restitution (if applicable) on or after the 31st day after the judgment was entered that I am responsible for paying a \$25-time payment fee per violations. (Section 133.103, Local Government Code)
- I also understand that defendants that have a hold placed on their driver's license with the Texas Failure to Appear Program (Omnibase) will not have their license removed until all cases have been disposed of;
- **I understand that the Court requests documents and proof of each response that I provide on this application. I understand that these documents must be brought to the Court hearing or my hearing will be rescheduled. I understand that there will be NO EXCEPTIONS;**
- I further authorize the City of Todd Mission Municipal Court to conduct a complete and thorough investigation of my financial statements I have provided and a direct investigation of all information given;
- I understand that submitting false financial information to the Court constitutes the crime of Tampering with a Governmental Document, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code).

I, _____ (*Defendant's name*), swear that all the information in the application is true, correct and complete to the best of my knowledge and belief.

Date: _____ Defendant's Signature: _____

Sworn and subscribed before me this the _____ day of _____, 20_____.

(SEAL)

(Notary) or (Court Clerk)