

FINANCIAL AFFIDAVIT FOR PAYMENT PLAN, COMMUNITY SERVICE OR INDIGENCE HEARING REQUESTS

Your Name (first, Middle, Last, Maiden)		
Citation Numbers of Charges Filed in The Magnolia Municipal Court:		
Offenses Allegedly Charged with:		
Amount Due on Each Citation:		
SSN #	Date of Birth	Driver License/Identification # AND State
Current Address: (Include P.O.B #, Apt#, Lot #, City, State and Zip)		
Home and Cell Telephone		Email Address
Own Rent Rent free If RENT, Landlord Name _____ Telephone # _____		Marital Status (Check One): Married <input type="checkbox"/> Single <input type="checkbox"/> <div style="text-align: right;">Divorced <input type="checkbox"/> Widowed <input type="checkbox"/></div>
Are you on probation or parole? ____ YES ____ NO If marked YES, where: _____ Monthly Probation/Restitution fees:\$ _____		
Probation/Parole Officer name _____ Phone _____		

Spouse Name			
Spouse's Employer's Name and Address			
Spouse's Title or Position	Fulltime / Part time	Hourly Rate or Salary	Pay Schedule (weekly, biwkly, mthly)

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 and 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(s): _____.

<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 – <div style="text-align: center;"> PARENTS LEGAL GUARDIANS GRANTS OTHER _____ </div>	
Current or Last Employer's Name	Current or Last Employer's Work Telephone

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Current or Last Employer's address			
City		State and Zip Code	
Title or Position	Fulltime / Part time	Hourly Rate or Salary	Pay Schedule (weekly, biwkly, mthly)
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	\$ _____
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My Monthly Expenses Are:

a. Home mortgage, rent, or lot rental for trailer:	\$ _____
b. Credit Cards	\$ _____
c. Utilities: (electricity, water, gas,)	\$ _____
d. Cell phone:	\$ _____
e. Food and toiletries:	\$ _____
f. Clothing:	\$ _____
g. Laundry and cleaning:	\$ _____
h. Tuition and books, if in school:	\$ _____
i. Medical, dental, and drug expenses:	\$ _____
j. Insurance (auto, life, medical, homeowners/renters):	\$ _____
k. Transportation/gas,	\$ _____
l. Monthly Car Payments:	\$ _____
m. IRS Taxes deducted from wages:	\$ _____
n. Alimony or support payments:	\$ _____
o. Cable/Satellite/Internet:	\$ _____
p. Other Loans:	\$ _____

TOTAL MONTHLY EXPENSES	\$ _____
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Public/Government/Other INCOME:

<input type="checkbox"/> Retirement/Pension \$ _____	<input type="checkbox"/> Dividends, Interest, Royalties \$ _____
<input type="checkbox"/> Alimony/Child Support \$ _____	<input type="checkbox"/> 2 nd job or other income (<i>describe</i>) _____

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HEARING REQUESTS**

☐ Unemployment Benefits \$ _____ ☐ Other Source of Support: Name _____
Phone _____ Address _____

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** is: \$ _____

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

TOTAL monthly income is: \$ _____

Please List 2 Character References:

1. Name: _____ Address: _____

Telephone: _____ Relationship to you: _____

2. Name: _____ Address: _____

Telephone: _____ 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 cases have been disposed of, I will notify this Court in person or by first-class mail of any changes of my address or telephone number within ten (10) days of the change.
- I understand that until my cases 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 judgment was entered that I am responsible for paying a \$25 time payment fee per violation. (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 Magnolia 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 record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code).

I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Defendant's Signature: _____

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

(Notary) (Court Clerk) (Deputy Court Clerk)