

AFFIDAVIT AND DEFENDANT'S FINANCIAL STATEMENT

CAUSE NUMBER(S):

STATE OF TEXAS

VS.

IN THE MUNICIPAL COURT

CITY OF MIDLOTHIAN

ELLIS COUNTY, TEXAS

AFFIDAVIT OF INDIGENCY

CITY OF MIDLOTHIAN MUNICIPAL COURT

1150 N HWY 67 STE 200

MIDLOTHIAN, TEXAS 76065

INDIGENCY/FINANCIAL STATUS HEARING INSTRUCTIONS

1. In order for a judge to determine your ability to pay your assessed fine and costs owed to the Court, a determination must be made on your current financial status or situation.
2. You must complete the attached form, providing as much detailed information as possible and you must bring this completed form to your hearing at the date and time designated.
3. You should also bring to the hearing as much supporting documentation as possible to allow verification by the judge considering the merits of your case. Examples of documentation:

Pay check or government checks stubs
 Bank statements
 Automobile/time payment books
 Medical bills/receipts

Copies of Income Tax filings
 Mortgage/rental bills
 Copies of utility bills

4. Remember, you have requested that the Court consider your financial status in order to relieve you of a debt owed to this Court and you have the burden of providing information as to your financial status.

The judgment and sentence for the offense you are charged is the payment of a fine and costs. If ordered to pay a fine and cost, and you cannot pay, notify the court immediately. If you are determined by the court to have insufficient resources or income to pay, the court is required to provide you other ways to discharge the fine and costs.

INITIAL ALL THAT APPLY.

___ The Court has advised me that I am responsible for satisfying the judgment and sentence:

in the amount of \$ _____ in Cause Number _____;

in the amount of \$ _____ in Cause Number _____;

in the amount of \$ _____ in Cause Number _____; and

in the amount of \$ _____ in Cause Number _____.

___ 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: _____

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.

Defendant's Personal Information	
Name	
Other Names Used	
Phone Number	
Street Address	
City, State, Zip	
Social Security Number	
Email address	
Driver's License Number	
Date of Birth / Place of Birth	
Name of Spouse	
Spouse's Social Security #	

Dependents:			
Name(s) (list below):	Age	Relation	Income

List Three (3) Names, Addresses and Phone #'s of Personal References
1)
2)
3)

List Name, Address and Phone # of Nearest Relative not Residing With You

Are you currently in jail or in a correctional institution?
<input type="checkbox"/> No
<input type="checkbox"/> Yes If yes, provide name of institution:
Are you currently residing in a mental health facility?
<input type="checkbox"/> No
<input type="checkbox"/> Yes If yes, provide name of facility:
Do you have an application pending at a mental health facility?
<input type="checkbox"/> No
<input type="checkbox"/> Yes If yes, provide name of facility

Employer Information (List Previous Employers for Last 10 Years on Back of this Page)		
Employer		
Phone Number		
Supervisor's Name		
Street Address:		
City, State, Zip		
Hours worked	___ per week or ___ per month	
Pay rate		
Spouse's Employer		
Street Address:		
City, State Zip		
Hours worked	___ per week or ___ per month	
Pay rate		Date Employed

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Financial Information

Public Assistance – Are you currently receiving (check all that apply) (Bring proof of each)	
___ Food Stamps	___ Medicaid
___ Public Housing	___ Temporary Assistance to Needy Families (TANF)
___ Supplemental Security Income (SSI)	___ Supplemental Security Income (SSI)

Income (Bring proof of each)	Monthly Amount
Take Home Pay	\$
Spouse's Take Home Pay	\$
Investment Income	\$
Stock Dividend	\$
Bond Dividend	\$
Rental Income	\$
Pension Payments	\$
Unemployment	\$
Social Security Benefits	\$
Child Support (Bring Proof of Payments)	\$
Public Assistance	\$
TANF	\$
SSI	\$
Medicaid	\$
Other	\$
Cash Gifts	\$
Other (Describe)	\$
TOTAL GROSS MONTHLY INCOME	\$

Expenses	Monthly Payment
Rent or Mortgage Payment	\$
Car Payment	\$
Insurance (Life, Health, Car, Homeowners, etc.)	\$
Child Care	\$
Child Support	\$
Water (Bring Copy of Bill)	\$
Gas (Bring Copy of Bill)	\$
Telephone (Bring Copy of Bill)	\$
Electricity (Bring Copy of Bill)	\$
Food	\$
Clothes	\$
Medical	\$
Cable TV or Satellite TV	\$
Pager	\$
Cell Phone	\$
Loan and Debt Payments	\$
Outstanding Loans (list type of Loans)	\$
	\$
	\$
	\$
	\$
Credit Card Debt (list name of cards)	\$
Balance: \$ _____	\$
Balance: \$ _____	\$
Other Monthly Expenditures (Describe)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL MONTHLY EXPENSES	\$

Assets		
Asset		Value
A. Place of Residence ___ Rent ___ Own Describe if house, condominium, apartment, other: If purchasing your home, what is the balance due?		\$ \$
B. Real Property Owned; Description/Location:		\$
C. Automobile(s)		
Make	Model	Year
License Plate #		\$
Make	Model	Year
License Plate #		\$
Make	Model	Year
License Plate #		\$
D. Stock and Bonds (provide description)		\$
		\$
		\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		\$
		\$
		\$
		\$
F. Bank Accounts		
Bank Name	Type of Account / Loan	Balance
		\$
		\$
		\$
		\$
G. Other Assets (Identify)		VALUE \$
ASSETS TOTAL VALUE		\$

***Please provide income tax forms for the past 3 years.

Your initial by each of the following statements indicates that you have read the statement. understand it, and agree to it.

____ I promise that until my fines have been paid in full, I will notify this court in person or by first class mail of any changes of my address or telephone number at the following address: 1150 N Hwy 67 Ste 200, Midlothian Texas, 76065 within five (5) days of the change.

____ I understand that until my fines and court costs are paid in full 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, or costs on or after the 31st day after judgment was entered that I am responsible for paying a \$25 time payment fee (Sec 133.103, Local Gov. Code).

____ I understand that submitting false financial information to the court constitutes the crime of tampering with a government record, punishable by incarceration and/or the imposition of a fine (sec 37.10 PC). I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.

Defendant's Signature

Defendant's Email

Phone number

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20__

Judge / Clerk's Signature