

FINANCIAL AFFIDAVIT

City of Glenn Heights Municipal Court 1938 S. Hampton Rd Glenn Heights, TX 75154
Phone 972-223-1690 Fax 972-223-9307

| | | |
|-----------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name (first, Middle, Last, Maiden) | | |
| SSN # | Date of Birth | Driver License/Identification # AND State |
| Current address: (Include P.O.B#, Apt#, Lot #, City, State and Zip) | | |
| Home/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"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |
| Are you on probation or parole? ____YES ____NO Where: _____ Monthly Probation/Restitution fees:\$_____ | | |
| Probation/Parole Officer name _____ Phone _____ | | |

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 today.
- ___ 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 claim indigency 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): _____.

- I AM UNEMPLOYED. HOW LONG UNEMPLOYED?** _____
- I AM A FULL TIME STUDENT AND SUPPORTED BY –**
PARENT LEGAL GUARDIAN GRANTS OTHER _____

IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.

| | | | |
|---------------------------------|----------------------|--------------------|---------------------------------------|
| Employer Name | | Work Telephone | |
| Employer address | | | |
| City | | State and Zip Code | |
| Your Title or Position | Fulltime / Part time | Hourly Rate | Pay Schedule (weekly, biwklly, mthly) |
| How long have you worked there? | | | Next Check |



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

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

- | <i>Name</i> | <i>(Age)</i> | <i>Relationship to me</i> |
|-------------|----------------|---------------------------|
| a. _____ | () | _____ |
| b. _____ | () | _____ |
| c. _____ | () | _____ |
| d. _____ | () | _____ |
| e. _____ | () | _____ |

My Property/Financial Assets include:

| | <i>Account Balance</i> |
|-----------------------|------------------------|
| Checking | \$ _____ |
| Savings | \$ _____ |
| Money Market | \$ _____ |
| Investments | \$ _____ |
| Other | \$ _____ |
| Total Property | \$ _____ |

- 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 **other sources** is: \$ _____
- TOTAL monthly income is: \$ _____**

My Monthly Expenses Are:

- a. Home mortgage payment, rent, or lot rental for trailer: \$ _____
- b. Credit Cards: \$ _____
- c. Utilities (electricity, water, gas, cell phone): \$ _____
- d. Food and sundries(toiletries, newspaper): \$ _____
- e. Clothing: \$ _____
- f. Laundry and cleaning: \$ _____
- g. Newspapers, periodicals, & books, including school books:\$ _____
- h. Medical, dental, and drug expenses: \$ _____
- i. Insurance (auto, life, medical, homeowners/renters): \$ _____
- j. Transportation/gas, including auto payments: \$ _____
- k. Taxes not deducted from wages or included in mortgage: \$ _____
- l. Alimony or support payments: \$ _____
- m. Cable/Satellite/Internet: \$ _____
- n. Other Loans: \$ _____

TOTAL MONTHLY EXPENSES \$ _____

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Public/Government/Other INCOME:

- Retirement/Pension \$ _____ Dividends, Interest, Royalties \$ _____
- Alimony/Child Support \$ _____ 2nd job or other income (*describe*) _____
- Other Source of Support: Name _____ Phone _____
Address _____

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

- 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

YOUR SIGNATURE FOR THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ EACH 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 1938 S. Hampton Road 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, 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 (Section 133.103, Local Government Code).

I also understand that cases that have an Omnibase hold (DPS to deny renewal of your driver's license) will NOT be lifted until all payments are made.

I understand that the Court may request documents and proof of each response that I provide herein.

I further authorize the City of Glenn Heights to conduct a complete and thorough investigation of my financial statement I have provided and 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__.

(Judge) (Clerk) (Deputy Clerk)