

CAUSE NUMBER: \_\_\_\_\_

STATE OF TEXAS	§	IN THE MUNICIPAL COURT
VS.	§	CITY OF GOLINDA
_____	§	FALLS COUNTY, TEXAS

**AFFIDAVIT OF INDIGENCY**

*All information must be completed by the Party 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.*

Complete the FINANCIAL AFFIDAVIT in full and accurately. (Submitting false information to the Court constitutes the crime of tampering with a government record, punishable by incarceration/or imposition of a fine. Sect. 37.10 P.C.) and/or Perjury.

*Supporting Documentation Required* - Supporting documentation is based on the financial affidavit you completed. Submitted copies of your financial documents for applicable evidence. The list of documents below is a comprehensive list of financial information which allows the Judge to fully review your ability to pay.

- Income tax return for last two years
- Banking statements for the previous 3 months
- Pay stubs from the previous 3 months
- Proof of unemployment disposition and benefit, if any
- Proof of Social Security Income for any household member
- Proof of child support or nonpayment of child support
- Proof of utility expenses including electric, gas, water, telephone, garbage, cable, internet, etc.
- Proof of housing expense including mortgage payment or rental agreement
- Proof of vehicle lease, ownership or other expense related to transportation
- Proof of health insurance receipts and other relative medical information
- Proof of any governmental financial supplements and assistance including food, housing, Medicaid, and Medicare subsidies
- Proof of private grants or donations including individual payments made by other persons
- Proof of assets and expenses listed below
- Any other relevant documents

No Exceptions - Failure to present all required documentation will result in your request being denied.

Name	
Address	
City, ST, Zip	
Phone	
Email	
Spouse Name	

Number of people who live in your home (including you): \_\_\_\_\_

Number of people you are legally responsible to support (including you): \_\_\_\_\_

Buying Home  Own Home  Rent  Live with friends/relatives    monthly payment \$ \_\_\_\_\_

Employed  Full Time  Part Time  Student  Unemployed  On Parole  On Probation

If student  full time  part time    school attended: \_\_\_\_\_

If on parole/probation, where from? \_\_\_\_\_

Probation/Parole Officer name and number: \_\_\_\_\_

Monthly Probation/Parole and restitution payment and fees \$ \_\_\_\_\_

Employer	
Work Address	
Work Phone	
Job Title	
Monthly Income	\$
Spouse Monthly Income	\$

The Court has advised me that I am responsible for satisfying the judgment and sentence as ordered for the outstanding violations:

Cause #		Fine	\$
Cause #		Fine	\$
Cause #		Fine	\$
Cause #		Fine	\$

Initial all that apply:

\_\_\_\_\_ I am unable to pay the fine and court costs immediately and the following information is documentation that I have insufficient resources or income to pay today.

\_\_\_\_\_ I request that I be able to discharge the fine and court costs by performing community service, because I have no resources to pay and I am unable to pay the fine and court costs.

\_\_\_\_\_ I request the Court extend the payment to a later date and grant a time payment plan.

\_\_\_\_\_ I have been determined to be indigent by the federal or state government and I am receiving, or am eligible to receive, assistance under a federal or state program.

Program name(s) \_\_\_\_\_

My Dependents:

Name	Age	Relationship to me

My assets and income/revenue:

Checking	\$
Savings	\$
Money Market	\$
Investments/Stocks/Bonds	\$
Real Estate	\$
Vehicles	\$
Tools/Equipment	\$
Intellectual Property	\$
Crypto	\$
Business Ownership	\$
Monthly Wages	\$
Retirement/Pension	\$
Dividends, Interest, and/or Royalties	\$
Alimony, Spousal Support, and/or Child Support	\$
2nd job or other income	\$
Welfare/Public Benefits	\$
Income of those who live with me	\$
Other sources, like trusts, lawsuits, etc.	\$

Total    \$ \_\_\_\_\_

My Monthly Expenses:

Rent/Mortgage	\$
Electricity and Gas/Propane	\$
Water	\$
Phone/Internet/Cable	\$
Food and Groceries	\$

Clothing	\$
Laundry and Cleaning	\$
Books, Magazines, and School books	\$
Medical, Dental, and Medication	\$
Insurance (home, vehicle, life, medical, etc.)	\$
Fuel and Vehicle Expenses	\$
Vehicle Payments	\$
Alimony, Spousal, and/or Child Support	\$
Credit Cards	\$
Other Debt (specify: _____)	\$

Total \$ \_\_\_\_\_

I PROMISE THAT UNTIL MY FINES HAVE BEEN DISCHARGED IN FULL, I WILL NOTIFY THE COURT IN PERSON, BY EMAIL, AND BY FIRST-CLASS MAIL OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER.

I understand that until my fine and fees are discharged 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 fines, costs, or restitution (if applicable) on or after the 31st day after the judgment is entered that I am responsible for paying a \$15.00 Time Payment Reimbursement Fee.

I also understand that cases that have an OMNIBase hold (DPS to deny renewal of your driver's license) it will not be lifted until all fines and fees are discharged.

I understand that the Court may request documents and proof of each response that I provided herein and set a show cause hearing that I must attend.

I further authorize the City of Golinda to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all the information given.

I understand that if the written request is not signed and/or is incomplete, the request is automatically denied.

I understand that if I am NOT found indigent (individuals living at or below 125% of the federal poverty level) then I will be expected to make payment for my outstanding violation(s).

I understand that submitting false financial information to the Court constitutes the crime of tampering with governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10 Penal Code) and/or punishable by Perjury.

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

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Judge or Clerk or City Official