



City of Austin Municipal Court

Address: 6800 Burleson, Bldg 310, Ste 175, Austin, TX 78744

Mail: P.O. Box 2135, Austin, TX 78768

Phone: (512) 974-4800; Fax: (512) 974-4882

Email: court@austintexas.gov; Internet: www.austintexas.gov/court



FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

___ 1. I am able to pay in full and/or meet the standard monthly payment requirement but need an extension to pay. **(Complete only page 1 & and complete acknowledgment on page 2.)**

___ 2. **A payment plan:** I am able to pay \$_____ per month starting on (date)_____. *(complete full application/ refer to compliance office)*

___ 3. **Community Service:** I am indigent and can perform_____ hours of community service per month. I am available to complete my first hours on (date)_____. *(complete full application/ refer to compliance office)*

___ 4. I need to discuss my ability to pay or perform community service with a **judge**. *(complete full application/ refer to compliance office)*

___ 5. I am receiving aid from a **federal assistance** program for myself or a dependent (i.e. food stamps, *Temporary Assistance for Needy Families (TANF)*, *Women, Infants and Children (WIC)*, *Children's Health Insurance Program (CHIP)*, Medicaid, Section 8, disability). *(complete full application/ refer to compliance office)*

___ 6. I am required by law to attend school and am under the age of 19. *(complete full application/ refer to compliance office)*

___ 7. I am indigent and have a physical or mental health disability that prevents me from performing community service. I seek to be exempted from work in the spirit of the "reasonable accommodation" clause of the Americans with Disabilities Act. *(complete full application/ refer to compliance office)*

Part I. Personal Information

Last Name:		First Name:		Other Names Used: (Alias, Maiden or known name.)	
Case Number(s):		DOB:		E-Mail Address:	
Mailing Address:		City:		State:	Zip:
Residence Address: (if different from above.)		Contact Phone Number:		Type: ___ Cell ___ Home ___ Work	
Driver's License Number:	State:	ID Number:			State:
Employer's (Business) Name:		Employer's Phone Number:			
Employer's Address:		City:		State:	Zip:
1st Reference Name		Relationship To You:		Reference Phone Number:	
2nd Reference Name		Relationship To You:		Reference Phone Number:	

If option (1) selected: *I am requesting the standard payment plan and affirm I understand the terms, have the ability to successfully make the payments, and decline the opportunity for court staff to consider lower monthly payments or longer payment terms.*

Signature of Defendant

Part II. Additional Information Required					
Name (from page 1)			Social Security Number:		
Other People Living in Your Household:					
1. Name	<u>Age</u>	<u>Relationship</u>	2. Name	<u>Age</u>	<u>Relationship</u>
3. Name	<u>Age</u>	<u>Relationship</u>	4. Name	<u>Age</u>	<u>Relationship</u>
A. Monthly Income / Employment Information					
Type of Income	Self	Spouse	Total		
Employment (Gross)					
Unemployment					
Worker's Comp					
Pension					
Social Security					
Child &/or Spousal Support (Received)					
Federal Assistance					
Disability					
Other _____					
Employer's Business Name (Spouse)	Address:		Phone:		
Subtotal A:					\$
B. Expenses					
Type of Expense	Amount	Type of Expense	Amount		
Child &/or Spousal Support Paid Out		Insurance			
Child Care (if working only)		Medical/Dental			
Transportation for Work (car payment)		Medical & Associated Costs of Caring for Sick Family Members			
Subtotal B:					
C. Total Income					
Total Monthly Income (A) – Total Allowable Expense (B) = Total Income (C)					
Subtotal A:					
Subtotal B:					
Grand Total C:					

D. Asset Information		
Type of Asset:	Describe Length of Ownership/ Make, Model, Year	Estimated Value:
Checking Acct. (Bank Name)		
Savings Acct. (Bank Name)		
Cash on Hand		
Money Owed to Applicant		
Vehicles		
Trucks/Boats/Motorcycles		
Real Estate		
Stock/Bonds/CD's		
Other Valuable Property (describe)		
Grand Total D:		\$

E. Other Expenses		Grand Totals	
Type of Liability	Amount	Type of Liability	Amount
Rent/ Mortgage		Cable	
Food		Water/Sewer/ Trash	
Electric		Credit Cards	
Gas		Loans	
Fuel		Taxes Owed	
Telephone		Other	
Grand Total E:		\$	

***I swear that the statements made here are within my personal knowledge and are true and correct.**

Signature of Defendant

For Internal Use Only
Judicial Review
<p>____The court finds the defendant is unable to pay the fine and court costs assessed in the above cases(s) due to indigence.</p> <p>____The Court finds that based upon information provided, the Defendant is not indigent.</p> <p>SO ORDERED, this ____ day of _____, 20 ____.</p> <p>_____ Judge Municipal Court Austin, Texas</p>

Review Date: _____
Case Number(s): _____

PID Number: _____

Please check all that apply:

☐ Clerk completed form on behalf of customer who was unable to complete the form in writing.

☐ Clerk obtained information from customer via phone.