City of Austin Municipal Court
Address: 700 E. 7th St., Austin, TX 78701
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 at bottom of page 1.)***

◯ 2. **A payment plan**: I am able to pay $_____ per month starting on (date) _____. (*complete full application)*

◯ 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)*

◯ 4. I need to discuss my ability to pay or perform community service with a **judge.** (*complete full application)*

◯ 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)*

◯ 6. I am required by law to attend school and am under the age of 19.

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	*Age*	*Relationship*	*2. Name*	*Age*	*Relationship*
3. Name	*Age*	*Relationship*	*4. Name*	*Age*	*Relationship*

A. Monthly Income / Employment Information

Type of Income	*Self*	*Spouse*	*Total*
Employment (Gross)			0
Unemployment			0
Worker's Comp			0
Pension			0
Social Security			0
Child &/or Spousal Support (Received)			0
Federal Assistance			0
Disability			0
Other _____			0
Employer's Business Name (Spouse)	*Address:*	*Phone:*	
Subtotal A:			***$***0

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:			0

C. Total Income

Total Monthly Income (A) – Total Allowable Expense (B) = Total Income (C)

Subtotal A:	0
Subtotal B:	0
Grand Total C:	0

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:		***$*** 0

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:			***$*** 0

***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

___ The court finds the defendant is unable to pay the fine and court costs assessed in the above cases(s) due to indigence.

___ The Court finds that based upon information provided, the Defendant is not indigent.

SO ORDERED, this ___ day of _____, 20___.

_____

Judge

Municipal Court Austin, Texas

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.

_____

Court Clerk Assistant Initials