



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 & Sign if #1 selected.)

___ 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)

___ Yes ___ No 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).

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:

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

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	Household Member	Total
Employment (Gross)				
Unemployment				
Worker's Comp				
Pension				
Social Security				
Child &/or Spousal Support (Received)				
Works First/ TANF				
Disability				
Other _____				
Employer's Business Name (Spouse)	Address: _____		Phone: _____	
Employer's Business Name (for all other household members)	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			
<i>Total Monthly Income (A) – Total Allowable Expense (B) = Total Income (C)</i>			
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



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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

Deputy Court Clerk Signature

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.