

APPLICATION FOR PAYMENT PLAN / INDIGENCY

INITIAL ALL THAT APPLY:

___ I assert that I am too poor 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 grant a time payment plan.

___ I am receiving or I am eligible to receive Alimony / child support and/or assistance under a state or federal program.

Name: _____

Home phone #: _____ **Cell phone #:** _____ **Email:** _____

Address: _____

Employer: _____ **Job Title:** _____

Employer's Address: _____

Salary: \$ _____ per week / bi-weekly / monthly

Employer's Telephone Number: _____

Marital Status (Check One): ___ Married ___ Single ___ Divorced ___ Widowed

Spouse's Name: _____

Spouse's Salary: \$ _____ per week / bi-weekly / monthly

Spouse's Employer: _____ **Spouse's Job Title:** _____

Source and amount of any other income you receive:

Check all that apply

| | | | |
|---------------------|------------------|-----------------------------|------------------|
| ___ HUD Housing | \$ _____ monthly | ___ Disability / SSI | \$ _____ monthly |
| ___ Utility Assist. | \$ _____ monthly | ___ TANF | \$ _____ monthly |
| ___ Food Stamps | \$ _____ monthly | ___ Alimony / Child Support | \$ _____ monthly |
| ___ Unemployment | \$ _____ monthly | ___ Other: | _____ |

Your residence is (Check One): ___ Rented ___ Owned ___ Rent-Free

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS:

Name of Institution *Address of Institution* *Type of Account* *Account Balance*

ESTIMATE OF YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

Home mortgage payment, rent, or lot rental for trailer: \$ _____ Utilities: \$ _____

Food & sundries: \$ _____ Clothing: \$ _____ Insurance (auto, life, medical, homeowners/renters): \$ _____

Medical, dental, & drug expenses: \$ _____ Transportation, including auto payments: \$ _____

Alimony or support payments: \$ _____ Religious/charitable contributions: \$ _____

Other expenses: _____

LIST ALL REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST AND GIVE THE VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE:

a. Deposits in financial institutions and cash on hand: \$ _____

b. Household goods, appliances, furnishings, & jewelry: _____

c. Television, home theater, media, & stereo equipment: _____

d. Automobiles, trucks, trailers, boats, & accessories: _____

e. Machinery & tools, lawn & garden equipment, farming equipment, supplies, livestock, & other animals: _____

f. Any other property not listed above: _____

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE 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 (*court address*) 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.

___ 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. (Sec. 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/Court Clerk/Deputy Clerk