



Chandler Municipal Court

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FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY

____1. I am able to pay in full and/or meet the standard 30 days payment requirement but need an extension to pay.

Time Payment Fee- \$15.00 per Case

If the full balance of the plan is not paid in full before the 31st date on which a judgement is entered, I understand that a Time Payment Fee of \$15.00 per case will be added to the last scheduled payment. Payments must be received by each of the scheduled payment dates. I understand that if I should miss any payments as described above, the remaining balance will be due and payable in full, and /or Warrants(s) will be issued for your arrest. I understand that a Capias Pro Fine could be issued against me.

Defendant's Initials

Part 1. Personal Information

Last Name:		First Name:		Other Names Used:(alias,maiden,known name)	
Citation 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 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:		

***I hereby enter my appearance, waive my right to a jury trial and enter a plea of No Contest. I swear that the statements made here are within my personal knowledge and are true and correct.**

Signature of Defendant

Date

Printed Name of Defendant