



### Chandler Municipal Court

Address: 811 Hwy 31 E, Chandler, TX 75758

Mailing: P O Box 425, Chandler, TX 75758

Phone: (903)849-6853

Fax: (903)849-4663

## 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.)

5. \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ 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 1. Personal Information

<b>Last Name:</b>		<b>First Name:</b>		<b>Other Names Used: alias, maiden, known name)</b>	
<b>Citation Number (s):</b>			<b>DOB:</b>		<b>E-Mail Address:</b>
<b>Mailing Address:</b>			<b>City:</b>		<b>State:</b> <b>Zip:</b>
<b>Residence Address: (if different from above)</b>			<b>Contact Phone Number:</b>		<b>Type:</b> ____ Cell ____ Home ____ Work
<b>Driver License Number:</b>		<b>State:</b>	<b>ID Number:</b>		<b>State:</b>
<b>Employer's (Business) Name:</b>			<b>Employer's Phone Number:</b>		
<b>Employer's Address:</b>			<b>City:</b>		<b>State:</b> <b>Zip:</b>
<b>1<sup>st</sup> Reference Name:</b>			<b>Relationship to You:</b>		<b>Reference Phone Number:</b>
<b>2<sup>nd</sup> Reference Name:</b>			<b>Relationship to You:</b>		

**\*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

**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:

**Monthly Income / Employment Information**

Type of Income	Self	Spouse	Household Member	Total
<i>Employment (Gross)</i>				
<i>Unemployment</i>				
<i>Worker's Comp</i>				
<i>Pension</i>				
<i>Social Security</i>				
<i>Child &amp;/or Spousal Support(Received)</i>				
<i>Works First/TANF</i>				
<i>Disability</i>				
<i>Other _____</i>				
<i>Employer's (Business) Name (Spouse)</i>				
<i>Employer's (Business) Name (for all other household members)</i>				

**Subtotal A:** \$

**Other People Living in Your Household**

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)**

<b>Subtotal A:</b>	
<b>Subtotal B:</b>	
<b>Grand Total; C"</b>	

**D. Asset Information**

<b>Type of Asset:</b>	<b>Describe Length of Ownership/Make, Model, Year</b>	<b>Estimated Value:</b>
<i>Checking Acct. (Bank Name)</i>		
<i>Savings Acct. (Bank Name)</i>		
<i>Cash on Hand</i>		
<i>Money Owed to Applicant</i>		
<i>Vehicles</i>		
<i>Trucks/Boats/Motorcycles</i>		
<i>Real Estate</i>		
<i>Stocks/Bonds/CD's</i>		
<b>Grand Total D:</b>		

**E. Other Expenses**

**Grand Totals**

<b>Type of Liability</b>	<b>Amount</b>	<b>Type of Liability</b>	<b>Amount</b>
<i>Rent/Mortgage</i>		<i>Cable</i>	
<i>Food</i>		<i>Water/Sewer/Trash</i>	
<i>Electric</i>		<i>Credit Cards</i>	
<i>Gas</i>		<i>Loans</i>	
<i>Fuel</i>		<i>Taxes Owed</i>	
<i>Telephone</i>		<i>Other</i>	
<b>Grand Total E:</b>			

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

\_\_\_\_\_  
 Signature of Defendant



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For Internal Use Only

### Judicial Review

\_\_\_\_\_ The Court finds the defendant is unable to pay the fine and court costs assessed in the above case(s) due to indigence.

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

**SO ORDERED**, this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Judge  
Chandler Municipal Court

\_\_\_\_\_  
Deputy Clerk Clerk

Review Date: \_\_\_\_\_ Citation # (s): \_\_\_\_\_

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.

Pick up  Mail  Email