



## 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 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 31<sup>st</sup> 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

**\*Note Application must be signed and dated or it will not be accepted \***

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:
1 <sup>st</sup> Reference Name:			Relationship to You:		Reference Phone Number:
2 <sup>nd</sup> 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