



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 and date below 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 need to discuss my ability to pay or perform community service with a judge.
(Complete full application)

____ 4. ____ 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).

Note Application must be signed and dated or it will not be accepted Choose one: Pick up Mail Email

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 st Reference Name:		Relationship to You:		Reference Phone Number:	
2 nd 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

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 &/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)

Subtotal A:	
Subtotal B:	
Grand Total; C"	

D. Asset Information

Type of Asset:	Describe Length of Ownership/Make, Model, Year	Estimated Value:
<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>		
Grand Total D:		

E. Other Expenses

Grand Totals

Type of Liability	Amount	Type of Liability	Amount
<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>	
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 case(s) due to indigence.

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

SO ORDERED, this _____ day of _____, 2021.

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.