



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

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

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:

Checking Acct. (Bank Name)

Savings Acct. (Bank Name)

Cash on Hand

Money Owed to Applicant

Vehicles

Trucks/Boats/Motorcycles

Real Estate

Stocks/Bonds/CD's

Grand Total D:

E. Other Expenses

Grand Totals

Type of Liability

Amount

Type of Liability

Amount

Rent/Mortgage

Cable

Food

Water/Sewer/Trash

Electric

Credit Cards

Gas

Loans

Fuel

Taxes Owed

Telephone

Other

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 _____, 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.