



# City of Austin Municipal Court

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## 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 & and complete acknowledgment at bottom of page 1.)**

\_\_\_ 2. **A payment plan:** I am able to pay \$ \_\_\_\_\_ per month starting on (date) \_\_\_\_\_. *(complete full application/ refer to compliance office)*

\_\_\_ 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/ refer to compliance office)*

\_\_\_ 4. I need to discuss my ability to pay or perform community service with a **judge**. *(complete full application/ refer to compliance office)*

\_\_\_ 5. 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*). *(complete full application/ refer to compliance office)*

\_\_\_ 6. I am required by law to attend school and am under the age of 19. *(complete full application/ refer to compliance office)*

\_\_\_ 7. I am indigent and have a physical or mental health disability that prevents me from performing community service. I seek to be exempted from work in the spirit of the "reasonable accommodation" clause of the Americans with Disabilities Act. *(complete full application/ refer to compliance office)*

Part I. Personal Information					
<b>Last Name:</b>		<b>First Name:</b>		<b>Other Names Used: (Alias, Maiden or known name.)</b>	
<b>Case 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's 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>		<b>Reference Phone Number:</b>	

If option (1) selected: I am requesting the standard payment plan and affirm I understand the terms, have the ability to successfully make the payments, and decline the opportunity for court staff to consider lower monthly payments or longer payment terms.

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

**Part II. Additional Information Required**

**Name (from page 1)**

**Social Security Number:**

**Other People Living in Your Household:**

<b>1. Name</b>	<b>Age</b>	<b>Relationship</b>	<b>2. Name</b>	<b>Age</b>	<b>Relationship</b>
<b>3. Name</b>	<b>Age</b>	<b>Relationship</b>	<b>4. Name</b>	<b>Age</b>	<b>Relationship</b>

**A. Monthly Income / Employment Information**

<b>Type of Income</b>	<b>Self</b>	<b>Spouse</b>	<b>Total</b>
Employment (Gross)			
Unemployment			
Worker's Comp			
Pension			
Social Security			
Child &/or Spousal Support (Received)			
Federal Assistance			
Disability			
Other _____			
<b>Employer's Business Name (Spouse)</b>	<b>Address:</b>		<b>Phone:</b>
<b>Subtotal A:</b>			<b>\$</b>

**B. Expenses**

<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
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	
<b>Subtotal B:</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		
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		
Stock/Bonds/CD's		
Other Valuable Property (describe)		
<b>Grand Total D:</b>		\$

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	
<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

**For Internal Use Only**  
**Judicial Review**

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

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

**SO ORDERED,** this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Judge  
Municipal Court Austin, Texas

Review Date: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

PID Number: \_\_\_\_\_

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.

\_\_\_\_\_  
Court Clerk Assistant Initials