

Financial Affidavit-Sworn Statement

Pottsboro Municipal Court P.O. Box 1089, Pottsboro, TX 75076 903-786-2281 ext. 2

Your Name (First, Middle, Last)		
SSN#	Date of Birth:	Driver's License/ID #
Current Mailing Address:		
Home/Cell Telephone		Email Address:
Own Rent Rent free	Marital Status (check one) Married <input type="checkbox"/> Single <input type="checkbox"/>	
If RENT, Landlord Name _____ Telephone # _____	Divorces <input type="checkbox"/> Widowed <input type="checkbox"/>	
Are you on probation or parole? _____ YES _____ NO Where: _____		
Monthly Probation/Restitution fees: \$ _____		
Probation/Parole Officer Name: _____ Telephone: _____		

INITIAL ALL THAT

APPLY.

THE Court has advised me that I am responsible for satisfying the judgment and sentence as ordered.

\_\_\_\_\_ I request that the Court extend the payment to a later date and grant a time payment plan.

\_\_\_\_\_ I request that I be allowed to discharge the fine and cost by performing community service, because I have no resources to pay and I am unable to pay the fine and cost. I claim indigency and request a hearing. **Indigency request form is required.**

<input type="checkbox"/> I AM UNEMPLOYED How long unemployed: _____
<input type="checkbox"/> I AM A FULL TIME STUDENT AND SUPPORTED BY – PARENT LEGAL GUARDIAN GRANTS OTHER _____
IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.
EMPLOYERS NAME WORK TELEPHONE
EMPLOYERS ADDRESS
YOUR TITLE/POSITION FULLTIME/PART TIME HR RATE PAY SCHEDULE (WKLY/MONTHLY)

FINANCIAL AFFIDAVIT- SWORN STATEMENT

<b>SPOUSE NAME</b>			
Spouse's Employer Name and Address			
Spouse's Title or Position	Full Time / Part Time	Hourly Rate	Pay Schedule (weekly, biwkly, monthly)

**My Dependents: The people who depend on me Financially are:**

NAME	AGE	RELATIONSHIP TO ME

**My Property/financial Assets include:**

	Account Balance
Checking	\$ _____
Savings	\$ _____
Money Market	\$ _____
Investments	\$ _____
Other	\$ _____
<b>Total Property</b>	<b>\$ _____</b>

My monthly take-home wages: \$ \_\_\_\_\_  
 The amount I receive each month in public benefits is: \$ \_\_\_\_\_  
 The amount of income from other people in my household is: \$ \_\_\_\_\_  
 The amount I receive each month from other sources is: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME IS: \$ \_\_\_\_\_**

**My Monthly Expenses Are:**

Home Mortgage payment, rent or lot rent for trailer:	\$
Credit cards:	\$
Utilities (electricity, water, gas, cell phone):	\$
Food and sundries (toiletries):	\$
Clothing:	\$
Laundry and Cleaning:	\$
Newspaper, periodicals, & books, including school books:	\$
Medical, dental, and drug expenses:	\$
Insurance (auto, life, medical, homeowners/renters):	\$
Transportation/gas, including auto payments:	\$
Taxes not deducted from wages or included in mortgage:	\$
Alimony or support payments:	\$
Cable/Satellite/Internet:	\$
Other Loans:	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

FINANCIAL AFFIDAVIT- SWORN STATEMENT

**PUBLIC/Government/Other INCOME:**

Retirement/Pension \$	Dividends, Interest, Royalties \$
Alimony/Child Support \$ _____	2 <sup>nd</sup> Job or other Income ( <i>describe</i> )
Other Source of Support:	

I receive these public **benefits/government entitlements** that are based on indigency: **(Bring copies as proof)**

- WIC       TANF
- Food Stamps/SNAP \$ \_\_\_\_\_     Medicaid     CHIP     Needs-based VA Pension
- AABD     LIS in Medicare     County Assistance, County Health Care or General Assistance
- Public Housing     Social Security \$ \_\_\_\_\_     Low Income Energy Assistance
- Emergency Assistance     Child Care Assistance

YOUR SIGNATURE FOR THE FOLLOWING STATEMENTS INDICATE THAT YOU HAVE READ EACH STATEMENT, UNDERSTAND IT AND AGREE TO IT.

I **promise** that until my fines have been paid in full, I will notify this Court in person or by first-class mail of any changes of my address or telephone number at the following address P.O. Box 1089, Pottsboro Texas 75076 within 5 days of the change.

I **understand** that until my fines and court cost are paid in full I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

I **understand** that if I pay any part of the fine, cost, or restitution (if applicable) on or after the 31<sup>st</sup> day after the judgment is entered that I am responsible for paying a \$25-time payment fee (Sec. 1233.103, Local Gov't Code).

I also **understand** that cases that have an Omnibase hold (DPS to deny renewal of your driver's license) will not be lifted until all payments are made.

I **understand** that the Court **may** request documents and proof of each response that I provide herein.

I further **authorize** the City of Pottsboro to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all information given.

I **understand** that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable and/or the imposition of a fine (Sec. 37.10, Penal Code)

**I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.**

Date: \_\_\_\_\_ Defendants Signature: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Judge), (Clerk)