



AFFIDAVIT OF INDIGENCE

STATE OF TEXAS
VS.

MUNICIPAL COURT OF
CITY OF UNIVERSITY PARK
DALLAS COUNTY, TEXAS

INITIAL ALL THAT APPLY.

The Court has advised me that I am responsible for satisfying the judgment and sentence:
in the amount of \$_____ in Cause Number _____;
in the amount of \$_____ in Cause Number _____; and
in the amount of \$_____ in Cause Number _____.

I assert that I am unable to pay the fine and costs immediately and that the following information is documentation
that I have insufficient resources or income to pay today.

I request that the Court extend the payment to a later date.

I request that the Court grant a time payment plan.

I request that I be able to discharge the fine and costs by performing community service, because I have no
resources to pay and I am unable to pay the fine and costs.

I have been determined to be indigent by the federal government and I am receiving or I am eligible to
receive assistance under a federal program. Name of program:
_____.

Name: _____ Telephone Number: _____

Address: _____

Employer: _____ Job Title: _____

Employer's Address: _____

ABOUT MY DEPENDENTS: These people who depend on me financially are listed below:

Name	Age	Relationship to me
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

DO YOU RECEIVE PUBLIC BENEFITS?

- I do not receive needs-based public benefits.-or-

- I receive these public benefits/government entitlements that are based on indigency:
(check ALL boxes that apply and attach proof to this form, such as copy of an eligibility form or check.)

- Food Stamps/Snap - TANF - Medicaid - CHIP - SSI - WIC - AABD

- Public Housing - Low-Income Energy Assistance - Emergency Assistance - Community Care via DADS

- LIS in Medicare - VA Pension - Child Care Assistance under Child Care and Development Block Grant

- County Assistance, County Health Care, or General Assistance (GA)

- Other; _____

WHAT IS YOUR MONTHLY INCOME?

\$_____ in monthly wages, I work as a _____ for _____

\$_____ in monthly unemployment. I have been unemployed since (date) _____

\$_____ in public benefits per month

\$_____ from other people in my household each month:

\$_____ from - Retirement/Pension - Tips, bonuses - Disability - Worker's Comp
 - Child/Spousal Support - Military Housing - Social Security
 - My spouse's income or income from members in the house hold

\$_____ from other jobs/sources of income. (Describe) _____

\$_____ is my total monthly income.

Your residence is (Check One): Rented Owned Rent-Free

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS:

Name of Institution	Address of Institution	Type of Account	Account Balance
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ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

- a. Home mortgage payment, rent, or lot rental for trailer: \$_____
- b. Routine home maintenance: \$_____
- c. Utilities (electricity, water, gas, telephone): \$_____
- d. Food and sundries: \$_____
- e. Clothing: \$_____
- f. Laundry and cleaning: \$_____
- g. Newspapers, periodicals, & books, including schoolbooks: \$_____
- h. Medical, dental, and drug expenses: \$_____

i. Insurance (auto, life, medical, homeowners/renters): \$ _____

j. Transportation, including auto payments: \$ _____

k. Taxes not deducted from wages or included in mortgage: \$ _____

l. Alimony or support payments: \$ _____

m. Religious/charitable contributions: \$ _____

n. Other expenses (use reverse side if necessary):
_____ \$ _____
_____ \$ _____

TOTAL \$ _____

LIST ALL REAL ESTATE OWNED BY YOU AND YOUR SPOUSE:

LIST THE ESTIMATED VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE:

a. Deposits in financial institutions and cash on hand: \$ _____

b. Household goods and supplies (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

c. Household furniture and furnishings (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

d. Jewelry (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

e. Sports equipment and musical instruments (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

f. Television, home theater, media, and stereo equipment (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

g. Household appliances (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

h. Automobiles, trucks, trailers, boats, and accessories (use reverse side if necessary):
_____ \$ _____ _____ \$ _____ _____ \$ _____

i. Machinery and tools, lawn and garden equipment (use reverse side if necessary):

_____ \$ _____ _____ \$ _____ _____ \$ _____

j. Office equipment, supplies, furniture, and inventory (use reverse side if necessary):

_____ \$ _____ _____ \$ _____ _____ \$ _____

k. Farming equipment, supplies, livestock, and other animals (use reverse side if necessary):

_____ \$ _____ _____ \$ _____ _____ \$ _____

l. Any other property not listed above (use reverse side if necessary):

_____ \$ _____ _____ \$ _____ _____ \$ _____

Please send a copy of your Driver's License or ID, your plea of guilty or no contest, the application for indigent person, (please provide proof of benefits received) and mail along with this form to City of University Park Municipal Court. **3800 University Boulevard, University Park, Texas 75205**. For questions contact the Clerk at 214-987-5331.

DECLARATION

By signing this form in the space provided below I hereby swear and affirm that the information in this form and the answers I have made are true and correct to the best of my knowledge. By signing below, I request that the Court grant my request for Indigency for the citation listed above. I also understand that I am required to notify the court of any changes in my address or phone number.

I declare under penalty of perjury that the foregoing is true and correct.

My name is _____ My date of birth is : ____/____/____

My address is _____, signed on ____/____/____ in Dallas County, Texas

Signature _____

JUDGE'S CERTIFICATION

_____ The Court finds the above-referenced 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 the following information provided, the Defendant is not Indigent.

SO ORDERED, this _____ day of _____, _____.

JUDGE PRESIDING

CAUSE NUMBER: _____

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

VS.

§

CITY OF UNIVERSITY PARK

§

DALLAS COUNTY, TEXAS

Plea of Nolo Contendere

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in Municipal Court Cause Number _____. I understand that I have a right to a jury trial and that my signature on this **plea of nolo contendere** (meaning "no contest") will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby **plead nolo contendere** to said offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

Plea of Guilty

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in Municipal Court Cause Number _____. I understand that I have a right to a jury trial. I do hereby **plead guilty** to the offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

I, the undersigned, do hereby request the amount of fine assessed and the amount of appeal bond that the Court will approve.

Defendant's Signature

Date

Telephone Number

Address

.....

E-Mail Address

Plea accepted on this ____ day of _____, 20____.

Judge, Municipal Court
City of University Park

