



## **AFFIDAVIT OF INDIGENCY**

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

