

FINANCIAL AFFIDAVIT



**City of Keene Municipal Court      1000 N. Old Betsy Rd      Keene, TX 76031**  
**Phone 817-641-3336      Fax 817-**

Your Name (first, Middle, Last, Maiden)		
SSN #	Date of Birth	Driver License/Identification # AND State
Current address: (Include P.O.B#, Apt#, Lot #, City, State and Zip)		
Home/Cell Telephone		Email Address
Own    Rent    Rent free	Marital Status (Check One):    Married <input type="checkbox"/> Single <input type="checkbox"/>	
<b>If RENT, Landlord Name</b> _____	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
<b>Telephone #</b> _____		
Are you on probation or parole?    YES _____ NO _____    Where: _____		
Monthly Probation/Restitution fees: \$ _____		
Probation/Parole Officer name _____ Phone _____		

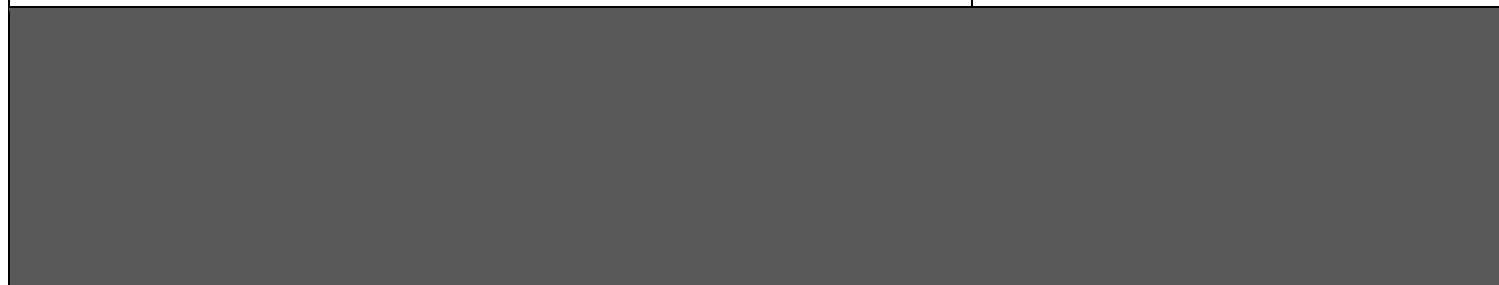
**INITIAL ALL THAT APPLY.**

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

\_\_\_\_\_ 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 a hearing to determine my ability to pay and whether I am eligible for alternative means of sentencing (ex. Community service, reduced pay plan, etc.).

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

<input type="checkbox"/> <b>I AM UNEMPLOYED.    HOW LONG UNEMPLOYED?</b> _____			
<input type="checkbox"/> <b>I AM A FULL TIME STUDENT AND SUPPORTED BY –</b> <b>PARENT    LEGAL GUARDIAN    GRANTS    OTHER</b> _____			
<b>IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.</b>			
Employer Name		Work Telephone	
Employer address			
City		State and Zip Code	
Your Title or Position	Fulltime / Part time	Hourly Rate	Pay Schedule (weekly, biwkly, mthly)
How long have you worked there?			Next Check



**FINANCIAL AFFIDAVIT**

<b>Spouse Name</b>			
Spouse's Employer Name and address			
Spouse's Title or Position	Fulltime / Part time	Hourly Rate	Pay Schedule (weekly, biwkly, mthly)

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

<i>Name</i>	<i>( Age )</i>	<i>Relationship to me</i>
a. _____	(    )	_____
b. _____	(    )	_____
c. _____	(    )	_____
d. _____	(    )	_____
e. _____	(    )	_____

**My Property/Financial Assets include:**

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

My <b>monthly take-home wages:</b>	\$ _____
The amount I receive each month in <b>public benefits</b> is:	\$ _____
The amount of income from <b>other people in my household</b> is:	\$ _____
The amount I receive each month from <b>other sources</b> is:	\$ _____
<b>TOTAL monthly income is:</b>	<b>\$ _____</b>

**My Monthly Expenses Are:**

a. Home mortgage payment, rent, or lot rental for trailer:	\$ _____
b. Credit Cards:	\$ _____
c. Utilities (electricity, water, gas, cell phone):	\$ _____
d. Food and sundries (toiletries, newspaper):	\$ _____
e. Clothing:	\$ _____
f. Laundry and cleaning:	\$ _____
g. Newspapers, periodicals, & books, including school books:	\$ _____
h. Medical, dental, and drug expenses:	\$ _____
i. Insurance (auto, life, medical, homeowners/renters):	\$ _____
j. Transportation/gas, including auto payments:	\$ _____
k. Taxes not deducted from wages or included in mortgage:	\$ _____
l. Alimony or support payments:	\$ _____
m. Cable/Satellite/Internet:	\$ _____
n. Other Loans:	\$ _____

<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>
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**Public/Government/Other INCOME:**

- Retirement/Pension \$ \_\_\_\_\_  Dividends, Interest, Royalties \$ \_\_\_\_\_
- Alimony/Child Support \$ \_\_\_\_\_  2<sup>nd</sup> job or other income (*describe*) \_\_\_\_\_
- Other Source of Support: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

I receive these **public benefits/government entitlements** that are based on indigency:

- 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 INDICATES 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 1000 N. Old Betsy Rd within five (5) days of the change.*

*I understand that until my fines and court costs 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, costs, or restitution (if applicable) on or after the 31<sup>st</sup> day after judgment was entered that I am responsible for paying a \$25-time payment fee (Section 133.103, Local Government 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 Keene to conduct a complete and thorough investigation of my financial statement I have provided, call my parole officer and/or 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 by incarceration and/or the imposition of a fine (Section 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: \_\_\_\_\_ Defendant's Signature: \_\_\_\_\_

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

\_\_\_\_\_  
(Judge) (Clerk) (Deputy Clerk)