

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE (Page 1 of 4)

CAUSE NUMBER(S): _____

**STATE OF TEXAS
VS**

**IN THE MUNICIPAL COURT
CITY OF ROBINSON
MCLENNAN 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 _____;

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: _____.

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Name: _____ Telephone Number: _____

Address: _____

Employer: _____ Job Title: _____

Employer's Address: _____

Salary: \$ _____ per _____ Employer's Telephone Number: _____

Marital Status (Check One): Married Single Divorced Widowed

Spouse's Name: _____ Spouse's Salary: \$ _____ per _____

Spouse's Employer: _____ Spouse's Job Title: _____

List the source and amount of any other income you receive: \$ _____

List all your dependents, their ages, and their relationship to you: _____

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	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 school books: \$ _____
- 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):
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

LIST ALL REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST & GIVE THE 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):
_____ \$ _____ _____ \$ _____ _____ \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____

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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):

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

LIST ALL OF YOUR CREDITORS (including credit cards) AND THE AMOUNT YOU OWE EACH (Use reverse side if necessary):

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

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE 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 (*court address*) _____ 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 31st day after judgment was entered that I am responsible for paying a \$25 time payment fee (Section 133.103, Local Government Code).

___ 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)

Robinson Municipal Court

Evidence of Indigence

During your hearing, you will be asked to present applicable evidence below and testify regarding your financial status. The list of documents below is a comprehensive list of financial information which allows the judge to fully review your ability to pay. **No copies will be duplicated or retained as a portion of your court record.**

DEFENDANT INFORMATION

Date: _____ Cause #(s) _____
Name: _____
Phone#: _____
Address: _____
City/ST/Zip: _____

FOLLOWING DOCUMENTS TO YOUR HEARING:

***It is important to provide the court with as much detail as possible regarding your ability to pay your fines/costs.**

- Income tax return for year immediately preceding your court date
- Banking statements for the previous 3 months
- Pay stubs from the previous 3 months
- Proof of unemployment disposition and benefit, if any
- Proof of Social Security Income for any household member
- Proof of child support or nonpayment of child support
- Proof of utility expenses including electric, gas, water, telephone, garbage, cable, internet, etc.
- Proof of housing expense including mortgage payment or rental agreement
- Proof of vehicle lease, ownership or other expense related to transportation
- Proof of health insurance receipts and other relative medical information
- Proof of any governmental financial supplements and assistance including food housing, and Medicare subsidies
- Proof of private grants or donations including individual payments made other persons