

**APPLICATION FOR INABILITY TO PAY OR INDIGENCY REVIEW**

The following documents, if they apply, **MUST** be attached to support the application. **You will not be contacted to ask for additional information, and your application WILL NOT be reviewed unless the proof is included.**

1. Are you a person under 18 years of age who is required by the Texas Education Code to attend school?  Yes  No  
(If so, a parent or legal guardian is required to provide the following information as to your household income)
2.  Current PAY STUBS **or** W2 **or** Income Tax Filings for all persons working in the household;
3.  Proof of PUBLIC ASSISTANCE received by anyone in the household;  
Housing; Food Stamps;  
TANIF; or  
MEDICAID;
4.  UNEMPLOYMENT PAYMENTS received by anyone in the household;
5.  WORKERS' COMPENSATION PAYMENTS received by anyone in the household;
6.  SSI or SSD AWARD LETTER received by anyone in the household;
7.  LETTER FROM EMPLOYER FOR LAYOFF OR REDUCTION OF HOURS received by anyone in the household;  
and
8.  MEDICAL RECORDS of anyone in the household indicating inability to work

YOU WILL ONLY BE ALLOWED TO WORK COMMUNITY SERVICE HOURS IF YOU ARE FOUND INDIGENT: "A level of poverty in which real hardship and deprivation are suffered and comforts of life are wholly lacking" Webster's Dictionary.

I understand that providing false information or a fraudulent document to the Judiciary is a Felony and that I might be prosecuted for said false/fraudulent statement:

I understand that the Federal Poverty Guidelines will be used to determine eligibility;

I understand that I will not be found indigent solely because our bills exceed our income and/or I am a full time student;

I understand that the income of the household will be determined by combining all sources of income, including value of food stamps, housing allowance, SSI/SSD payments; wages of all persons ; and any other source of income

**I UNDERSTAND BY SIGNING THIS FORM THAT I AM ENTERING A PLEA OF NO CONTEST TO THE CITATION NUMBER(S) LISTED BELOW AND WILL BE FOUND GUILTY AND CONVICTED OF THESE OFFENSES: (ONLY THE CITATIONS LISTED WILL BE PROCESSED)**

CITATION NUMBERS: \_\_\_\_\_

**I swear that the above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing address (including City, State and ZIP)

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk's Initials

**AFFIDAVIT OF INDIGENCY**

Personal Information

(Fill in all Blanks)

Name: \_\_\_\_\_ Case No: \_\_\_\_\_

Address: \_\_\_\_\_ CID No: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: Male  Female

Are you *married*? Yes  No  Name of Spouse: \_\_\_\_\_

**DEPENDENT INFORMATION**

How many people do you support? \_\_\_\_\_ How many people live with you? \_\_\_\_\_

Name	Age	Relationship	Living with you Y/N	Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT INFORMATION**

If employed:

Employer's Name: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Amount paid \$ \_\_\_\_\_ How paid? (\_\_\_) Monthly-amount x12 (\_\_\_) Daily x no. days worked  
(\_\_\_) Twice monthly – amount x 24; (\_\_\_) Every two weeks- amount x 26; (\_\_\_) Weekly- amount x 52

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

If unemployed:

How long? \_\_\_\_\_ Reason for unemployment \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Does anyone support you? Yes  No

**If yes, answer the following-**

Name of Person who supports you: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you live with them? Yes  No  Where do they work? \_\_\_\_\_

