

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

VS.

§

CITY OF LUFKIN

§

ANGLEINA COUNTY, TEXAS

(Print Your Name)

APPLICATION FOR TIME PAYMENT, EXTENSION, COMMUNITY SERVICE, OR INDIGENCE

INITIAL ALL THAT APPLY. DO NOT INITIAL IF IT DOES NOT APPLY.

- ____ The Court has advised me that I am responsible for satisfying the judgment and sentence in full.
- ____ 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 plan and/or 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(s): _____ . I will provide proof by bringing award letters.

Name: _____ Home Phone#: _____ Cell Phone #: _____

Emergency Phone #: _____ Sex: M Female Head of House Hold: Yes No

Race _____ Date of Birth: _____ DL/ID# and State _____

Address, City, State, Zip: _____

Mailing Address (if different from Address above): _____

Your residence is (Check One): Rented Owned Rent-Free Live with family/friends Homeless

Employer: _____ Job Title: _____

Employer's Address: _____

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

Marital Status (Check One): Married Single Divorced Widowed

Spouse's Name: _____ Spouse's Salary: \$ _____ per week/bi-weekly/monthly

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

Unemployed Receiving Unemployment benefits – Amount \$: _____

Receiving Disability/Social Security Benefits - Amount \$: _____

List the source and amount of any other income you receive (example child support, alimony, etc.): \$ _____

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

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

Name of Institution	Type of Account	Account Balance
_____	_____	_____
_____	_____	_____

LIST ALL REAL ESTATE OWNED BY YOU AND YOUR SPOUSE:

FLIP OVER



ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

- a. Home mortgage payment, rent, or lot rental for trailer: \$ _____
- c. Utilities (electricity, water, gas): \$ _____
- d. Cell phone: \$ _____
- e. Car note: \$ _____
- f. Car insurance: \$ _____
- g. Food and sundries: \$ _____
- h. Medical, dental, and drug expenses: \$ _____
- i. Daycare: \$ _____
- j. Alimony or support payments: \$ _____
- k. Child support payments: \$ _____
- l. Taxes not deducted from wages or included in mortgage: \$ _____
- m. Any Other expenses: \$ _____

LIST ALL OF YOUR CREDITORS (including credit cards, probation fees, etc.) AND THE AMOUNT YOU OWE EACH

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

How much are you prepared to pay today?: \$ _____

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.

_____ I **promise** that I will notify this Court in person or by first-class mail of any changes of my address or telephone number at 222 E. Shepherd Ave., Lufkin, Texas, 75902, within five (5) days of the change.

_____ I **understand that 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 Gov't. Code) for offenses *before* Jan. 1, 2020, **OR \$15** for offenses committed *after* Jan. 1, 2020.

_____ I **understand** that if I have any fines, costs, and/or fees that are outstanding more than 60 days, my case may referred to the Collection agency and a 30% collection fee will be assessed to each outstanding case (Article 103.0031, TX Code Criminal Procedure).

_____ 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: _____

This Application MUST be filled out completely. Do not leave blanks. An incomplete application will not considered by the Court.

Court Staff Use Only/ DO NOT FILL OUT

Request Comm. Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
16 hours hardship: <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical issues: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental illness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Felonies: <input type="checkbox"/> Yes <input type="checkbox"/> No
Finding of Indigence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refusal to complete Comm. Service: <input type="checkbox"/> Yes <input type="checkbox"/> No

Sworn and subscribed before me on _____.

Lufkin Municipal Court Staff