

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 ☐ Single ☐	
If RENT, Landlord Name _____		Divorced ☐ Widowed ☐	
Telephone # _____			
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.

☐ **I AM UNEMPLOYED. HOW LONG UNEMPLOYED? _____**

☐ **I AM A FULL TIME STUDENT AND SUPPORTED BY –**
PARENT LEGAL GUARDIAN GRANTS OTHER _____

IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.

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

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

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

Name	(Age)	Relationship to me
a. _____	()	_____
b. _____	()	_____
c. _____	()	_____
d. _____	()	_____
e. _____	()	_____

My **Property/Financial Assets** include:

	Account Balance
Checking	\$ _____
Savings	\$ _____
Money Market	\$ _____
Investments	\$ _____
Other	\$ _____
Total Property	\$ _____

My **monthly take-home wages**: \$ _____

The amount I receive each month in **public benefits** is: \$ _____

The amount of income from **other people in my household** is: \$ _____

The amount I receive each month from **other sources** is: \$ _____

TOTAL monthly income is: \$ _____

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:	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

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Public/Government/Other INCOME:

- ☐ Retirement/Pension \$ _____ ☐ Dividends, Interest, Royalties \$ _____
☐ Alimony/Child Support \$ _____ ☐ 2nd 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 31st 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)