VIDOR MUNICIPAL COURT

INDIGENT PACKET FOR ADULTS AGE 17 AND OLDER.

You have been set for an indigent hearing on	at	a.m. / p.m.
Court check-in begins 30 minutes prior to the above time	You cannot appear late.	Late appearances will be
re-scheduled. You must be in dress code. The dress code	e is posted online and in the	ne Court lobby.

We do not penalize or incarcerate Defendants due to an inability to pay. If your household income is 125% of the Federal Poverty guideline or less and/or you are on Government assistance, you may be eligible to discharge your fine/cost/fee with community service or other options. We do not consider going to jail an option and neither should you.

You **MUST** bring to the Hearing:

- 1. This **completed** indigent application;
- 2. Your Government issued driver's license or identification;
- 3. Evidence of dependents, if not listed on any of the below documents; and
- 4. **ONE** type of proof of income or government assistance.

Some examples of proof of income/government assistance are:

- A copy of SSI benefits statement, if applicable.
- A copy of the most recent Medicaid benefits statement, if applicable.
- A copy of your two (2) most recent and complete bank statements.
- Your most recent 1040 and related 1099, if applicable. (Tax Return)
- A copy of your two (2) most recent pay statements.
- A copy of the two (2) most recent pay statements from Other Household income listed above.
- A copy of your Unemployment approval or denial letter.
- A copy of your Veteran Benefits statement, if applicable.
- Evidence of housing assistance which may include a Government Housing contract.
- Evidence that you receive Lone Start Benefits or WIC.
- Evidence that your dependents qualify for the reduced school lunch program.
- Other applicable documentation not listed.

Remember, we are <u>NOT</u> asking for everything listed in the examples, just ONE.

CAUSE NUMBER(S):		
STATE OF TEXAS VS.	§ §	IN THE MUNICIPAL COURT CITY OF VIDOR
	§	ORANGE COUNTY, TEXAS
INITIAL ALL THAT APPLY.		
I assert that I am too poor to pay the fine income to pay today or within 30 days.	and costs immediately	and that I have insufficient resources or
I request that I be able to discharge the fresources to pay and I am unable to pay the		rming community service, because I have no
APPLICATION FOR COMMUNITY SERVI	CE / INDIGENCE	
Name:	Telephone #	
Address:		
E-mail address:		
1. Are you currently employed? YES	NO (CIRCLE ON	(E)
Employer:		Job Title:
Employer's Address:		
Salary: \$ per DAY WI	EEK BI-WEEKLY	MONTH (CIRCLE ONE)
Employer's Telephone Number:		_
2. If you answered NO, do you have any	expectations of goin	g to work within the next month?
☐ Yes When & where?☐ No		
3. Is anyone in your household employed	? YES NO (CIF	RCLE ONE)
Who?	-	,
		ED WIDOWED (CIRCLE ONE)
SPOUSE'S Employer:		· · · · · · · · · · · · · · · · · · ·
SPOUSE'S Employer's Address:		
SPOUSE'S Salary: \$ per		
SPOUSE'S Employer's Telephone Number:	·	
5. Are you permanently disabled and rec	eiving disability?	YES NO (CIRCLE ONE)
6. Are you receiving any government assi	istance?	
☐ Yes What type?		
□ No		
7. Have you already been given an extens	sion or payment pla	n option?
\Box Yes Do you remember the terms?		

 \square No

8.	If you answered YES, why were you unable to comply with the terms of your payment plan?
	Loss of job Reduction of household income Increase in number of dependents Forgot about obligation Other:
9.	<u>Did you make any efforts to keep in communication with the Court about your financial situation?</u>
	Yes How?No Why not?
10.	Are you, at this time, capable of complying with a new payment plan if ordered to pay your
	financial obligation to the Court?
	Yes No
11.	. If you answered YES, what do you believe is an amount you can afford to pay every month based or
	your financial situation? \$ per month beginning on
12.	If you answered NO, are you physically capable of performing community service to discharge the
	obligation?
	Yes
	No Why not?
13.	Have you already been given a community service option?
	Yes Reason for not completing?No
<u>SU</u>	MMARY OF FINANCIAL INFORMATION:
1.	TOTAL HOUSEHOLD INCOME (ALL SOURCES): \$
	DAY WEEK BI-WEEKLY MONTH (CIRCLE ONE)
	TOTAL NUMBER OF DEPENDENTS CLAIMED ON YOUR TAX RETURN:
	MONTHLY HOUSEHOLD EXPENSES: \$
4.	LIVING SITUATION?
	Own Home Rent
	Live with friends / relatives
	Homeless
	Other:
5.	ANY ASSETS?
	Yes Please list:

YOUR INITIAL BY EACH OF THE FOLI UNDERSTAND IT, AND AGREE TO IT.	LOWING STATEMENTS INDICATES	THAT YOU HAVE READ THE STATEMENT,
		t in person or by first-class mail of any changes of eet, Vidor, TX 77662, within TEN days of the
NOTIFY THE COURT OF ANY C		UNTIL MY FINES ARE PAID IN FULL TO TUS THAT MAY HINDER MY ABILITY TO T.
I understand that if I pay any pa entered that I am responsible for paying		icable) on or after the 31st day after judgment was
governmental record, punishable b		urt constitutes the crime of tampering with a of a fine. (Sec. 37.10, Penal Code) I swear that best of my knowledge and belief.
Date:	Defendant's Signature:	
Sworn and subscribed before me this the _	day of	
		Presiding Judge

