

TOM BEAN MUNICIPAL COURT
WAIVER OF PAYMENT OF FINES AND COST FOR INDIGENT DEFENDANTS

CAUSE NUMBER: _____

STATE OF TEXAS

VS.

DEFENDANT

§
§
§

IN THE MUNICIPAL COURT

CITY OF TOM BEAN

GRAYSON COUNTY, TEXAS

You are required to legibly complete this form. **DO NOT LEAVE ANY BLANKS. DO NOT REPEAT PHONE NUMBERS FOR REFERENCES.** Failure to properly complete this form may result in your balance being payable and due immediately or you may be directed back to court at once.

DEFENDANTS INFORMATION

Name: _____
(Last, First, Middle)
Nickname, Maiden Name, AKA: _____
Date of Birth: _____ Age: _____ Sex: _____ Race: _____
Driver's License: _____ State: _____ Social Security: _____
Height: _____ Weight: _____ Eye Color: _____ Hair: _____
Marital Status (circle one): Married Single Divorced Widowed
No. of Dependents: _____ Age of Dependents: _____
Physical Address: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____

SPOUSE INFORMATION

Name: _____
(Last, First, Middle)
Nickname, Maiden Name, AKA: _____
Date of Birth: _____ Age: _____ Sex: _____ Race: _____
Physical Address: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____

FAMILY INFORMATION

Nearest Relative: (Other than spouse) _____
Physical Address: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____

EMPLOYMENT INFORMATION

DEFENDANT:

Employer's name: _____
Supervisor's Name: _____
Physical Address: _____
Mailing Address: _____
Work Number & Extension _____
Position: _____ Years Employed: _____ Next Pay Date _____
Pay Schedule: (circle one) weekly biweekly monthly Pay rate: _____

SPOUSE:

Employer's name: _____
Supervisor's Name: _____
Physical Address: _____
Mailing Address: _____
Work Number & Extension _____
Position: _____ Years Employed: _____ Next Pay Date _____
Pay Schedule: (circle one) weekly biweekly monthly Pay rate: _____

DEPENDANTS

1. Name: _____ Age: _____ Grade: _____ School: _____
2. Name: _____ Age: _____ Grade: _____ School: _____
3. Name: _____ Age: _____ Grade: _____ School: _____

MONTHLY INCOME

DEFENDANTS:

Earning: _____
Unemployment Benefits: _____
AFDC: _____
Social Security: _____
Disability: _____
Veteran's Benefits: _____
Child support: _____
Money from others: _____
Total\$: _____

SPOUSE:

Earnings: _____
Unemployment Benefits: _____
AFDC: _____
Social Security: _____
Disability: _____
Veteran's Benefits: _____
Child support: _____
Money from others: _____
Total\$: _____

ASSETS

Total money in pocket \$: _____ Total money in pocket\$: _____

Motor Vehicle: _____ Owner: _____
Motor Vehicle: _____ Owner: _____
Motor Vehicle: _____ Owner: _____
Property: _____ Owner: _____
Property: _____ Owner: _____

EXPENSES

Do you (circle one): own rent live with another How much is your rent/ mortgage _____

Utilities:	Electric	\$ _____	Provider: _____
	Gas	\$ _____	Provider: _____
	Water	\$ _____	Provider: _____
	Phone	\$ _____	Provider: _____
	Cell Phone	\$ _____	Provider: _____
	Cable	\$ _____	Provider: _____
	Internet	\$ _____	Provider: _____
	Insurance	\$ _____	Provider: _____
	Food	\$ _____	
	Personal	\$ _____	

Major Debts:

	Credit Cards	\$ _____	Provider: _____
	Loans	\$ _____	Provider: _____
	Car	\$ _____	Provider: _____

HEALTH/ ILLNESS

Diagnosis	_____	Doctor: _____
Diagnosis	_____	Doctor: _____
Diagnosis	_____	Doctor: _____
Diagnosis	_____	Doctor: _____

Medication	_____	Provider: _____
Medication	_____	Provider: _____
Medication	_____	Provider: _____
Medication	_____	Provider: _____
Medication	_____	Provider: _____
Medication	_____	Provider: _____

Outstanding Debts:

Doctor	_____	Balance: _____
Doctor	_____	Balance: _____
Doctor	_____	Balance: _____
Doctor	_____	Balance: _____

YES/ NO

Do you receive Housing Assistance? _____ Amount \$ _____

Do you receive Food Assistance? _____ Amount \$ _____

Do you have a Checking account: _____ Amount \$ _____

Savings account: \$ _____ Present Balance \$: _____ Bank: _____

Are you ordered to/ do you pay child support: _____ Amount due\$: _____

INITIAL BY EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU HAVE READ EACH STATEMENT AND UNDERSTAND EACH STATEMENT.

_____ I understand that until my violation(s) are paid in full, I must notify the Court of any changes to my address and telephone number(s) within five (5) business days of the change.

_____ I understand that I **MUST PROVIDE** all required paper work to prove the above facts to be true and correct.

The City of Tom Bean will verify this information for truthfulness. Verification may include contacting past and present employers, relatives, and references. Failure to provide truthful information will be considered non-cooperation with this Court and the defendant may be directed to return the Court. Failure to cooperate or to make payments as ordered will result in the issuing of a warrant for your arrest.

I further state that I am indigent at this time: unable to pay the fines and court cost; and, hereby request an indecency hearing before the Court.

_____ Defendant's Signature _____ Defendant's Print _____ Date

Sworn and subscribed before me this day _____ of _____, 20____.

(Judge) (Court Clerk) (Deputy Court Clerk)