

④ My income amounts are stated below.

(a) My monthly net income after taxes are taken out is:	Total income after taxes →	\$	_____
(b) The amount I receive each month in public benefits is:	Total amount received →	+	\$ _____
(c) The amount of income from other people in my house is:*	Total amount received →	+	\$ _____
(d) The amount I receive each month from other sources is:	Total amount received →	+	\$ _____
(e) My TOTAL monthly income is	Add all sources of income above →	=	\$ _____

* List this income only if other members contribute to your household income.

⑤ About my household: The people who live in my household are listed below:

Name	Age	Relationship to Me
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		
7 _____		
8 _____		

⑥ My property includes:

	Value*
Cash	\$ _____
Bank accounts, other financial assets (List)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (car, boats) (List make and year)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Real estate (house or land) (Do not list house you live in)	
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, etc.) (Describe)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property →	= \$ _____

⑦ My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ _____
Food and Household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Vehicle payments	\$ _____
Gas, bus fare, auto repair	\$ _____
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments	\$ _____
Other expenses (Describe)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total monthly expenses →	= \$ _____

* The value is the amount the item would sell for less the amount you still owe on it (if anything)

⑧ **My debts** include: List debt and amount owed. _____

To list any other facts you want the court to consider, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." **Check here if you attach another page.**

⑨ **"I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."**

⑩ **Your signature.** You must sign this form and the attached completed "Unsworn Declaration" form.

Your Signature

Date

Unsworn Declaration (Texas Civil Practice and Remedies Code, Section 132.001)			
My name is: _____,			
First	Middle	Last	
My date of birth is: _____/_____/_____, and			
Month	Day	Year	
My address is: _____.			
Street Address	City	State	Zip Code
I declare under penalty of perjury that all information in the attached document titled, Affidavit of Indigency, is true and correct.			
Signed in _____ County, _____,			
County		State	
on this date _____.			
Month	Day	Year	
_____ Your Signature			
<p>Pursuant to Texas Civil Practice and Remedies Code Section 132.001, an unsworn declaration may be used in lieu of a written sworn declaration, verification, certification, oath, or affidavit required by statute or required by a rule, order, or requirement adopted as provided by law. This provision does not apply to an oath of office or an oath required to be taken before a specified official other than a notary public. An unsworn declaration made under this section must be 1) in writing, 2) signed by the person making the declaration as true under penalty of perjury and 3) in substantially the form used above.</p>			

INDIGENT HEARING REQUEST

Defendant's Name: _____

Mailing Address: _____

Phone Number: _____

Date of Birth: _____ DL #: _____

I am requesting an INDIGENT HEARING on the following citation(s) and offense(s) listed below:

<u>Citation Number</u>	<u>Offense</u>
_____	_____
_____	_____
_____	_____
_____	_____

I, the above named Defendant, request an Indigent Hearing for the above-referenced case(s).

I understand I am required to complete in full the Affidavit of Indigency and provide it completed to the court before a hearing can be scheduled.

I understand that I am required to bring supporting documents for my Affidavit to the hearing and a hearing will not take place if the required documents are not produced.

I understand that a notice will be mailed to the address I provided above and **understand** that if this written request is not signed and/or is incomplete the request is automatically denied (no hearing will be scheduled).

I understand that if I am not found indigent (living at or below 125% of the federal poverty level) then I will be expected to make payments on my fine and costs.

I understand that if my cases are currently in warrant status they will remain in effect until the Judge orders the warrant(s) recalled. I also **understand** any warrant older than 60 days will be turned over to a collection agency and an additional 30% fee will be assessed.

Defendant's Signature

Date

Return the completed affidavit and signed request to:

Mail: 101 Pennsylvania Ave, Webster, TX 77598

Fax: 281-316-4123

Email: court@cityofwebster.com