

APPLICATION FOR COMMUNITY SERVICE
AFFIDAVIT OF FINANCIAL STATEMENT

STATE OF TEXAS

VS.

IN THE MUNICIPAL COURT

CITY OF CEDAR HILL

DALLAS COUNTY, TEXAS

_____ The Court has advised me that I am responsible for satisfying the judgment and sentence:

Cause Number: _____ in the amount of \$ _____ Cause Number: _____ in the amount of \$ _____

Cause Number: _____ in the amount of \$ _____ Cause Number: _____ in the amount of \$ _____

Cause Number: _____ in the amount of \$ _____ Cause Number: _____ in the amount of \$ _____

Cause Number: _____ in the amount of \$ _____ Cause Number: _____ in the amount of \$ _____

PLEA: (Please place your initials by only one plea. If you initial both plea options, the form will not be processed and will be returned to you and your case will not proceed to the court docket)

_____ **NO CONTEST (NOLO CONTENDERE)** I have been informed of my right to a jury trial and that my signature on this plea of nolo contendere (meaning "no contest") **WILL HAVE THE SAME FORCE AND EFFECT AS A PLEA OF GUILTY ON THE JUDGMENT OF THE COURT.** I do hereby plead no contest to said offense as charged, **WAIVE MY RIGHT TO A JURY TRIAL** or hearing by the Court.

_____ **GUILTY** I have been informed of my right to a jury trial and I hereby plead **GUILTY** to the offense as charged, **WAIVE MY RIGHT TO A JURY TRIAL** or hearing by the Court and I **UNDERSTAND THAT MY PLEA WILL RESULT IN A CONVICTION APPEARING ON EITHER A CRIMINAL RECORD OR A DRIVER'S LICENSE RECORD.**

_____ **I UNDERSTAND THAT MY PLEA WILL RESULT IN A CONVICTION APPEARING ON EITHER A CRIMINAL RECORD OR A DRIVER'S LICENSE RECORD.**

PLEA ENTERED PREVIOUSLY

_____ I attest that I have already entered a plea at an earlier date and failed to comply with a Court order.

INITIAL ALL THAT APPLIES (do not initial if it does NOT apply!).

_____ I assert that I am unable to pay the fine and costs immediately and that the information is documentation that I have insufficient resources or income to pay today.

_____ 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: _____.

PERSONAL INFORMATION

Name: _____	Telephone Number: _____
Address: _____	
City _____	State _____ Zip Code _____
E-mail Address: _____	
Employer: _____	Job Title: _____
Employer's Address: _____	Employer's Telephone Number: _____
Salary: \$ _____ per _____ Number of hours worked weekly: _____	
Other Employment and Salary: _____	
List the source and amount of any other income you receive (including government assistance and child support): _____	
Amount in a checking account: _____	
Amount of savings: _____	
Income of any person living with you: _____	
Marital Status (Check One): Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>	
Spouse's Name: _____	Spouse's Salary: \$ _____ per _____
Spouse's Employer: _____	Spouse's Job Title: _____
List all your dependents, their ages, and their relationship to you: _____	

MONTHLY EXPENSES FOR YOU AND YOUR FAMILY

a.	Home mortgage payment, rent, or lot rental for trailer:	\$ _____
b.	Routine home maintenance:	\$ _____
c.	Utilities (electricity, water, gas, telephone):	\$ _____
d.	Food, including groceries and eating out:	\$ _____
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, including auto payments and gas:	\$ _____
k.	Alimony or support payments:	_____
l.	Religious/charitable contributions	\$ _____
m.	Other expenses:	_____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

CREDITORS

LIST ALL OF YOUR CREDITORS (including credit cards) AND THE AMOUNT YOU OWE EACH
 (Use reverse side if necessary):

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

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 the following address (*court address*) 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 the judgment was entered, that I am responsible for paying a \$15 time payment reimbursement fee (Article 102.030, Code of 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: _____

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



 Clerk / Deputy Court Clerk