

You have been given the attached forms because you have requested an alternate way to dispose of your fine(s) and court cost. In order for the judge to make a determination of your financial situation please complete the attached forms

You will also be required to bring any and all documentation to support the information on the form(s). Examples might include, but not limited to:

1. Bank statements;
2. tax return;
3. W-2 forms;
4. Your last paycheck stub;
5. Spouse's last paycheck stub;
6. unemployment verification;
7. proof of any government assistance, including but not limited to, SSI, food stamps , housing assistance, social security and or disability benefits.;
8. Receipts for items you are paying for on items listed on page two under ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOUR AND YOUR FAMILY;
9. Verification of payments to creditors listed on page 4
10. If you are a student, proof of hours and financial aid statement

You are required to fill in all the information requested on the forms, even if you feel it does not apply to your situation. If any lines are left blank the judge may not complete the interview and give you an opportunity to resubmit. Once you have complete the forms and gathered the information and documentation you can come to the court lobby **Monday through Thursday 9:00 am until 2:00 pm**. Unless we have scheduled court at the time you request the hearing you will be seen by the judge on an individual basis. Ask to speak with the judge when you arrive and let the staff know why you wish to see the judge.

+++++

NAME
CAUSE NUMBER:

The above packet for an alternate form of payment was give to me and I understand it must be returned before a determination can be made by the judge.

NAME

DATE:

+++++

I, the undersigned, confirm by my signature that I was given the packet for alternate form of payment and I also confirm this information will be give to JOHN DOE form completion.

Printed Name, Signature

DATE:

ADMONISHMENT AS TO FINANCIAL CHANGES

CAUSE NUMBER(S): _____

**STATE OF TEXAS
VS**

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§

**IN THE MUNICIPAL COURT
CITY OF NACOGDOCHES
NACOGDOCHES COUNTY, TEXAS**

NAME

ALL DEFENDANTS unable to pay the **ENTIRE FINE AND COURT COSTS WHEN SENTENCED** are **REQUIRED** to **CAREFULLY READ** and **ACKNOWLEDGE** the following:

TODOS los **DEFENDIENTES** sin capacidad de pagar **LA MULTA COMPLETA Y LOS COSTOS** de **CORTE** despues de la sentencia, **NECESITARAN LEER** completamente y **RECONOCER** lo siguiente:

I, the undersigned, acknowledge that until my fines and courts costs are paid in full, I agree to notify the Court of any changes in my personal financial situation that will likely interfere with my ability to pay the fine and court costs in the manner ordered by the Judge.

Yo, el infrascrito, reconozco que hasta que mis multas y el costo de corte son completamente pagados yo estoy de acuerdo en notificar a este juzgado de cualquier cambio en mi situacion financiera o personal que interfiera con mi capacidad de pagar la multa y costos de corte en la manera ordenada por el Juez.

It is my responsibility to keep the Court informed of my ability to pay the fine and court costs. It is my responsibility to keep the Court informed in the event of financial hardship.

Es mi responsabilidad de informar a este juzgado de mi capacidad de pagar la multa y los costos de la corte. Es mi responsabilidad de informar a este juzgado en caso de dificultades economicas.

Depending on the situation, I understand that the Judge may be able to offer me other ways to pay or earn credit towards my fine and court costs. For the Judge to consider such circumstances, and to avoid the possibility of being arrested, I am required to provide timely and sufficient proof to the Court.

Dependiendo en la situacion, yo comprendo que el juez podra ofrecerme otras maneras de recibir or ganar credito hacia la multa y los costos de corte. Para que el juez considere la circunstancia, y para evitar la posibilidad de ser detenido, yo necesito proveer suficientes y oportunas pruebas a este juzgado.

Defendant's Signature/Signatura de Defendiente

Signature by Witness, Title

This the _____ day of _____, 20__.

APPLICATION FOR ALTERNATE PAYMENT OPTIONS (page 1 of 4)

CAUSE NUMBER(S) _____

STATE OF TEXAS
VS

§
§
§

IN THE MUNICIPAL COURT
CITY OF NACOGDOCHES
NACOGDOCHES COUNTY, TEXAS

_____ NAME

INITIAL ALL THAT APPLY.

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE

Telephone Number: _____ DOB: _____ DL/ID: _____

Address: _____

Employer: _____ Job Title: _____

Employer's Address: _____

Salary: \$ _____ per _____ Employer's Telephone Number: _____

If not emoloyeed, the last date of employment: _____

Marital Status (Check One): Married Single Divorced Widowed

Spouse's Name: _____ Spouse's Salary: \$ _____ per _____

Spouse's Employer: _____ Spouse's Job Title: _____

List the source and amount of any other income you receive:

Welfare	\$ _____	Retirement	\$ _____	Disability	\$ _____
Unemployment	\$ _____	Social Security	\$ _____	Self Employment	\$ _____
Child Support	\$ _____	Food Stamps	\$ _____		
Other sources of income not listed above: What _____				Amount	\$ _____

Are you a student: _____ How are school expenses funded: _____

APPLICATION FOR ALTERNATE PAYMENT OPTIONS (page 2 of 4)

List all your dependents, their ages, and their relationship to you:

Your residence is (Check One): Rented Owned Rent-Free

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS: (Page 3 of 6)

Name of Institution	Address of Institution	Type of Account	Account Balance
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ESTIMATE YOUR AVERAGE CURRENT 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 and sundries: \$ _____
 - 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: \$ _____
 - k. Taxes not deducted from wages or included in mortgage: \$ _____
 - l. Alimony or support payments: \$ _____
 - m. Religious/charitable contributions: \$ _____
 - n. Other expenses (use reverse side if necessary): \$ _____
- _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

LIST ALL REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST & GIVE THE VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE:

- a. Deposits in financial institutions and cash on hand: \$ _____
 - b. Household goods and supplies (use reverse side if necessary):
- | | | | | | |
|-------|----------|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ |

APPLICATION FOR ALTERNATE PAYMENT OPTIONS (page 3 of 4)

c. Household furniture and furnishings (use reverse side if necessary):

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

d. Jewelry (use reverse side if necessary):

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

e. Sports equipment and musical instruments (use reverse side if necessary):

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

f. Television, home theater, media, and stereo equipment (use reverse side if necessary):

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

g. Household appliances (use reverse side if necessary):

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

h. Automobiles, trucks, trailers, boats, and accessories (use reverse side if necessary):

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

i. Machinery and tools, lawn and garden equipment (use reverse side if necessary):

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

j. Office equipment, supplies, furniture, and inventory (use reverse side if necessary):

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

k. Farming equipment, supplies, livestock, and other animals (use reverse side if necessary):

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

APPLICATION FOR ALTERNATE PAYMENT OPTIONS (page 4 of 4)

1.. Any other property not listed above (use reverse side if necessary):

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

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 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 217 W. Hospital, Nacogdoches, TX 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 **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)