

Citation No. \_\_\_\_\_

**KENEDY COUNTY, JUSTICE OF THE PEACE**

**JUDGE P. FAIN, PCT 4**

*Mail:* P.O. Box 8, Sarita, TX 78385  
Phone: (361) 294.5787; Fax: (361) 294-5788



**FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY**

\_\_\_1. I am able to pay in full and/or meet the standard monthly payment requirement but need an extension to pay.  
**(Complete only page 1 & Sign if #1 selected.)**

\_\_\_2. **A payment plan:** I am able to pay \$ \_\_\_\_\_ per month starting on (date) \_\_\_\_\_. *(complete full application)*

\_\_\_3. **Community Service:** I am indigent and can perform \_\_\_\_\_ hours of community service per month. I am available to complete my first hours on (date) \_\_\_\_\_. *(complete full application)*

\_\_\_4. I need to discuss my ability to pay or perform community service with a judge. *(complete full application)*

CIRCLE ONE

YES or NO 5. I am receiving aid from a federal assistance program for myself or a dependent (i.e. food stamps, *Temporary Assistance for Needy Families (TANF), Women, Infants and Children (WIC), Children’s Health Insurance Program (CHIP), Medicaid, Section 8, disability).*

Part I. Personal Information			
<b>Last Name:</b>		<b>First Name:</b>	<b>Other Names Used: (Alias, Maiden or known name.)</b>
<b>Case Number(s):</b>		<b>DOB:</b>	<b>E-Mail Address:</b>
<b>Mailing Address:</b>		<b>City:</b>	<b>State: Zip:</b>
<b>Residence Address: (if different from above.)</b>		<b>Contact Phone Number:</b>	<b>Type:</b> <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work
<b>Driver’s License Number:</b>	<b>State:</b>	<b>ID Number:</b>	<b>State:</b>
<b>Employer’s (Business) Name:</b>		<b>Employer’s Phone Number:</b>	
<b>Employer’s Address:</b>		<b>City:</b>	<b>State: Zip:</b>
<b>1<sup>st</sup> Reference Name</b>		<b>Relationship To You:</b>	<b>Reference Phone Number:</b>
<b>2<sup>nd</sup> Reference Name</b>		<b>Relationship To You:</b>	<b>Reference Phone Number:</b>

**\*I swear that the statements made here are within my personal knowledge and are true and correct.**

**Signature of Defendant**

**Part II. Additional Information Required**

**Name (from page 1)**

**Social Security Number:**

**Other People Living in Your Household:**

<b>1. Name</b>	<b>Age</b>	<b>Relationship</b>	<b>2. Name</b>	<b>Age</b>	<b>Relationship</b>
<b>3. Name</b>	<b>Age</b>	<b>Relationship</b>	<b>4. Name</b>	<b>Age</b>	<b>Relationship</b>

**A. Monthly Income / Employment Information**

<b>Type of Income</b>	<b>Self</b>	<b>Spouse</b>	<b>Household Member</b>	<b>Total</b>
Employment (Gross)				
Unemployment				
Worker's Comp				
Pension				
Social Security				
Child &/or Spousal Support (Received)				
Works First/ TANF				
Disability				
Other _____				
Employer's Business Name (Spouse)	Address:		Phone:	
Employer's Business Name (for all other household members)	Address:		Phone:	

**Subtotal A:**

**\$**

**B. Expenses**

<b>Type of Expense</b>	<b>Amount</b>	<b>Type of Expense</b>	<b>Amount</b>
Child &/or Spousal Support Paid Out		Insurance	
Child Care (if working only)		Medical/Dental	
Transportation for Work (car payment)		Medical & Associated Costs of Caring for Sick Family Members	

**Subtotal B:**

**C. Total Income**  
**Total Monthly Income (A) – Total Allowable Expense (B) = Total Income (C)**

<b>Subtotal A:</b>	0
<b>Subtotal B:</b>	0
<b>Grand Total C:</b>	0

**D. Asset Information**

<b>Type of Asset:</b>	<b>Describe Length of Ownership/ Make, Model, Year</b>	<b>Estimated Value:</b>
Checking Acct. (Bank Name)		
Savings Acct. (Bank Name)		
Cash on Hand		
Money Owed to Applicant		
Vehicles		
Trucks/Boats/Motorcycles		
Real Estate		
Stock/Bonds/CD's		
Other Valuable Property (describe)		
<b>Grand Total D:</b>		

**E. Other Expenses**

**Grand Totals**

<b>Type of Liability</b>	<b>Amount</b>	<b>Type of Liability</b>	<b>Amount</b>
Rent/ Mortgage		Cable	
Food		Water/Sewer/ Trash	
Electric		Credit Cards	
Gas		Loans	
Fuel		Taxes Owed	
Telephone		Other	
<b>Grand Total E:</b>			

\_\_\_\_\_  
**Signature of Defendant**

**\*I swear that the statements made here are within my personal knowledge and are true and correct.**

**Upon completion of this form please fax, mail or email it back to the contact information listed below:**

<p><b>Mail:</b> JUDGE P. FAIN, PCT 4, P.O. Box 8, Sarita, TX 78385  <b>Phone:</b> (361) 294.5787 <b>Fax:</b> (361) 294.5788  <b>Email:</b> lucia.longoria@co.kenedy.tx.us</p>
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**Judicial Review**

\_\_\_The court finds the defendant is unable to pay the fine and court costs assessed in the above cases(s) due to indigence.

\_\_\_The Court finds that based upon information provided, the Defendant is not indigent.

**SO ORDERED**, this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
JUDGE P. FAIN

JUSTICE OF THEPEACE, PCT 4

\_\_\_\_\_  
COURT CLERK

Review Date: \_\_\_\_\_ Docket Number(s): \_\_\_\_\_

Please check all that apply:

\_\_\_ Clerk completed form on behalf of customer who was unable to complete the form in writing.

\_\_\_ Clerk obtained information from customer via phone.