

Bandera Municipal Court

Michael P. Towers, Judge

P.O. Box 2279
511 Main Street
Bandera, TX. 78003
mclerk@cityofbandera.org



Jannett Pieper, Clerk
Local/Fax: 830-796-3456

Financial Hardship/Indigent

If you are financially unable to pay a fine and/or court cost in full (one payment), there are other options, such as time-payment plans and performing community service hours instead of paying the fine and court costs. In certain situations, in which a person cannot perform community service and that person is financially unable (Indigent) to pay their fine and court cost on a time payment plan the Court will hear sworn testimony and look at evidence concerning your financial situation to help you resolve this matter. In certain severe situations, the judge can reduce the fine and court costs or eliminate them completely, depending on the severity of your financial situation. Community service options have been expanded by the Texas Legislature to include: (a) attending work and job skills training; (b) a preparatory class for high school equivalency exam; and (c) service at an educational institution. Should you have any questions regarding these options, please contact the Court.

The **Indigency Program** applies to individuals who are living at or below the federal poverty level, defined annually by the United States Department of Health and Human Services.

Apply

Complete the **FINANCIAL AFFIDAVIT** in full and accurately. You must include a written request for an indigent hearing which must include your name, address, and phone number for contact.

Complete the **Indigent Hearing Request Form** and submit it to the court for a hearing to be scheduled.

Submitting false information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or imposition of a fine (Sect.37.10 P.C.)

Supporting Documentation Required

Supporting documentation is based on the financial affidavit you completed and must be brought with you to your scheduled hearing. Bring copies to provide the Court (copies will remain in your case file).

NO EXCEPTIONS. Failure to bring all documentation to your hearing **SHALL** result in your hearing being **DENIED**. You are expected to be prepared.

Examples: federal income tax return, statement of wages (pay stubs), all financial assistance (food stamps, wic, medicaid).

Notification

A notice will be sent to the address that you provided in the written request that will include the date, time, and location of the hearing.

It is your responsibility to maintain accurate contact and financial status information with the Court.

Low-Income Levels Based on the 2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

FINANCIAL AFFIDAVIT

Your Name (First, Middle, Last)		
SSN#	Date of Birth:	Driver's License/ID #
Current Mailing Address:		
Home/Cell Telephone		Email Address:
Own Rent Rent free If RENT, Landlord Name _____ Telephone # _____		Marital Status (check one) Married <input type="checkbox"/> Single <input type="checkbox"/> Divorces <input type="checkbox"/> Widowed <input type="checkbox"/>
Are you on probation or parole? _____ YES _____ NO Where: _____ Monthly Probation/Restitution fees: \$ _____ Probation/Parole Officer Name: _____ Telephone: _____		

INITIAL ALL THAT APPLY.

THE Court has advised me that I am responsible for satisfying the judgment and sentence as ordered.

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

_____ I request that the Court extend the payment to a later date and grant a time payment plan.

_____ I request that I be allowed to discharge the fine and cost by performing community service, because I have no resources to pay and I am unable to pay the fine and cost. I claim indigency and request a hearing.

_____ 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(s) _____

<input type="checkbox"/> I AM UNEMPLOYED How long unemployed: _____			
<input type="checkbox"/> I AM A FULL TIME STUDENT AND SUPPORTED BY – PARENT LEGAL GUARDIAN GRANTS OTHER _____			
IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.			
EMPLOYERS NAME		WORK TELEPHONE	
EMPLOYERS ADDRESS			
YOUR TITLE/POSITION	FULLTIME/PART TIME	HR RATE	PAY SCHEDULE (WKLY/MONTHLY)

SPOUSE NAME			
Spouse's Employer Name and Address			
Spouse's Title or Position	Full Time / Part Time	Hourly Rate	Pay Schedule (weekly, biwklly, monthly)

My Dependents: The people who depend on me Financially are:

NAME	AGE	RELATIONSHIP TO ME

My Property/financial Assets include:

	Account Balance
Checking	\$ _____
Savings	\$ _____
Money Market	\$ _____
Investments	\$ _____
Other	\$ _____
Total Property	\$ _____

My monthly take-home wages: \$ _____
 The amount I receive each month in public benefits is: \$ _____
 The amount of income from other people in my household is: \$ _____
 The amount I receive each month from other sources is: \$ _____
TOTAL MONTHLY INCOME IS: \$ _____

My Monthly Expenses Are:

Home Mortgage payment, rent or lot rent for trailer:	\$
Credit cards:	\$
Utilities (electricity, water, gas, cell phone):	\$
Food and sundries (toiletries):	\$
Clothing:	\$
Laundry and Cleaning:	\$
Newspaper, periodicals, & books, including school books:	\$
Medical, dental, and drug expenses:	\$
Insurance (auto, life, medical, homeowners/renters):	\$
Transportation/gas, including auto payments:	\$
Taxes not deducted from wages or included in mortgage:	\$
Alimony or support payments:	\$
Cable/Satellite/Internet:	\$
Other Loans:	\$
TOTAL MONTHLY EXPENSES	\$

PUBLIC/Government/Other INCOME:

Retirement/Pension \$	Dividends, Interest, Royalties \$
Alimony/Child Support \$ _____	2 nd Job or other Income (<i>describe</i>)
Other Source of Support:	

I receive these public **benefits/government entitlements** that are based on indigency: **(Bring copies as proof)**

- WIC TANF
- Food Stamps/SNAP \$ _____ Medicaid CHIP Needs-based VA Pension
- AABD LIS in Medicare County Assistance, County Health Care or General Assistance
- Public Housing Social Security \$ _____ Low Income Energy Assistance
- Emergency Assistance Child Care Assistance

YOUR SIGNATURE FOR THE FOLLOWING STATEMENTS INDICATE THAT YOU HAVE READ EACH 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 P.O. Box 2279, Bandera Texas 78003 within 5 days of the change.

I **understand** that until my fines and court cost 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, cost, or restitution (if applicable) on or after the 31st day after the judgment is entered that I am responsible for paying a \$25-time payment fee (Sec. 1233.103, Local Gov't Code).

I also **understand** that cases that have an Omnibase hold (DPS to deny renewal of your driver's license) will not be lifted until all payments are made.

I **understand** that the Court **may** request documents and proof of each response that I provide herein.

I further **authorize** the City of Bandera to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all information given.

I **understand** that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable and/or the imposition of a fine (Sec. 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: _____ Defendants Signature: _____

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

(Judge), (Clerk)

INDIGENT HEARING REQUEST

Defendant's Name: _____

Mailing Address: _____

City, State, Zip: _____

Date of Birth: _____ Driver's License: _____

Telephone #: _____

I request an INDIGENT HEARING on the following citations(s) and Offense(s) listed below.

Citation #	Offense	Amount
		\$
		\$
		\$
		\$

I understand I am required to complete in full the Bandera Municipal Court Financial Affidavit and provide it completed to the Judge at the hearing with ALL supporting documents.

I understand that a hearing will not take place if all required documentation is not brought to the scheduled Indigent Hearing.

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 fund indigent (individuals living at or below 125% of the federal poverty level) then I will be expected to make payment at the hearing.

Defendant's Signature _____ Date: _____

NOTE**** If the cases(s) are in warrant status they will remain in effect until the Judge orders the warrant(s) recalled.

Return the signed request to:

1. **Bandera Municipal Court P.O. Box 2279, Bandera TX. 78003**
2. **Fax: 830/796-3456 or**
3. **scan and email to mclerk@cityofbandera.org**