

LIBERTY HILL MUNICIPAL COURT

CAUSE NUMBER: _____

STATE OF TEXAS

VS.

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§
§

IN THE MUNICIPAL COURT

CITY OF LIBERTY HILL

WILLIAMSON COUNTY, TEXAS

Verification Receipt
Of
Statement of Inability to Afford Payment of Fine and/or Court Costs

I, _____, personally appeared before the Liberty Hill Municipal Court on _____, and entered a plea of guilty or no contest and, after being informed of all my options to take care of my citation, chose to declare Indigence.

I, _____, acknowledge receipt of Liberty Hill's "Statement of Inability to Afford Payment of Fine and/or Court Costs", I further understand that; I must complete then return the form to the Court no later than 21 days from the date of my appearance and plea, in order to be considered for Indigence at this time.

Defendant's Signature

Date

You may return this Verification Receipt and the Statement of Inability to Afford Payment of Fine and/or Court Costs by:

1. Mailing to Liberty Hill Municipal Court P.O. Box 1967, Liberty Hill Texas 78642
2. Email to court@libertyhilltx.gov
3. In person Monday-Friday between the hours of 8:00 am to 4:30 pm

Once the Court receives your paperwork it will be presented to the Judge for review and you will be notified of his decision via US Mail. It is your continuing obligation to keep the Court updated of any changes in your contact information until you are notified that a final disposition has been reached.

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IN THE MUNICIPAL COURT

CITY OF LIBERTY HILL

WILLIAMSON COUNTY, TEXAS

Statement of Inability to Afford Payment of Fine and/or Court Costs

Part 1: Your Information

Your full name: _____

Your date of birth: _____

Your address (if the place you receive mail is different from the place you actually live, list both addresses):

Your telephone number: _____

Part 2: Public Benefits, Income and Debts

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income

- "I receive these public benefits/government entitlements that are based on indigence: SSI WIC
- Food Stamps/SNAP TANF Medicaid CHIP Needs-based VA Pension
- County Assistance, County Health Care or General Assistance (GA) Community Care via DADS
- AABD Public Housing Low-Income Energy Assistance LIS in Medicare ("Extra Help")
- Emergency Assistance Child Care Assistance under Child Care and Development Block Grant
- Other: _____

"If you receive any of the above public benefits, attach proof to this form and label it "Exhibit: Proof of Public Benefits."

"My income sources are stated below (check all that apply).

Unemployed since: _____
Date

-or-

Wages: I work as a _____ for _____
Your job title your employer

- Child/Spousal support My spouse's income or income from another member of the household
- Tips, bonuses Military Housing Worker's Comp Disability Unemployment SSI
- Retirement/Pension Dividends, interest, royalties' 2nd job or other income: _____

Describe

"My income amounts are stated below:

(A) My monthly take-home wages:

(B) The amount I receive each month in public benefits is:

(C) The amount of income from other people in my household

(list this income only if other members contribute to your household income

(D) the amount I receive each month from other sources is:

(E) My TOTAL monthly income

Total amount received --

Total amount received --

Total amount received --

Total amount received --

Add all sources of income above --

\$
\$
\$
\$
\$

About my dependents:

"The people who depend on me financially are listed below":

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

"My property includes:

	Value*
Cash	\$ _____
Bank accounts and other financial assets (List)	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) (List make and year)	\$ _____
_____	\$ _____
_____	\$ _____
Other property (jewelry, stocks, etc.) (Describe)	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property →	\$ _____

"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	\$ _____
Transportation, auto repair, gas	\$ _____
Child/spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: (List)	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses →	\$ _____

"My debts include: (List debt and amount owed)

To list any other facts you want the court to know 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.

Part 3. Verification

Important: "The payment of a fine and/or court costs would be an undue burden on me because":

Please complete either Option 1 or Option 2 below and return to the Liberty Hill Municipal Court at P.O. Box 1967 Liberty Hill, TX 78642 no later than **10 days** from today. You do not have to complete both. If you complete Option 1, you must sign your name before a notary public, court clerk, or another person authorized to give oaths. If you complete Options 2, you do not have to sign your name before a notary public or any other person, but you must swear that the information in this statement is true "under penalty of perjury." "Perjury" means lying to a judge, and it is a crime. If you swear that a statement is true "under penalty of perjury," and you make the statement knowing that it is a false, you could be prosecuted in criminal court.

Option 1

Check all boxes that apply.

- "I cannot afford to pay any of the fine and/or court costs"
 - "I can only afford to pay some of the fine and/or court costs. I cannot afford to pay all fine and/or court costs."
 - "I can only pay the fine and/or court costs over time in installments."
- "I verify that the statements made in this form are true and correct."

By _____
(Print name of person who is signing this statement.)

Do not sign until you are in front of a notary.

▶ _____
Signature of person printed above Date

Notary fills out below.

State of Texas, County of _____

Sworn to and subscribed before me, the undersigned notary, on this date: ____/____/____ at ____ am/pm

▶ _____
Notary's Signature

Option 2.

Check all boxes that apply.

- "I cannot afford to pay any of the fine and/or court costs"
 - "I can only afford to pay some fine and/or court costs. I cannot afford to pay all the fine and/or court costs."
 - "I can only pay the fine and/or court costs over time in installments."
- "I verify that the statements made in this form are true and correct."

My name is _____ (First) _____ (Middle) _____ (Last)

My date of birth is _____, and my address is _____ (Street)
_____ (City) _____ (State) _____ (Zip Code) _____ (Country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____ (Month)
_____ (Year).

Declarant Signature

Print Name

.....
Above named declarant is indigent _____ is not indigent _____.

SIGNED AND ENTERED this _____ day of _____, 2016.

Presiding Judge
Liberty Hill Municipal Court