

# JOURDANTON Municipal Court

## M. Dolores Cordova, Judge

1604 SH 97 E Suite B  
Jourdanton, TX. 78026  
municipalcourt@jourdantontexas.org

Kathleen Reeh, Clerk  
Local/Fax: 830-769-3060

### **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.

**2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

Your Name (First, Middle, Last)		
SSN#	Date of Birth:	Driver's License/ID#
Current Mailing Address:		
Home/Cell Telephone (CIRCLE WHICH ONE)		Email Address:
Own Rent Rent free If RENT, Landlord Name _____ Telephone# _____		Marital Status (check one) Married 0Single <b>D</b>  Divorceso Widowed <b>D</b>
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) \_\_\_\_\_

<b>D</b> I AM UNEMPLOYED How long unemployed: _____	
<b>D</b> 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/PARTTIME HR RATE PAY SCHEDULE (WKLY/MONTHLY)



**PUBLIC/Government/Other INCOME:**

Retirement/Pension \$	Dividends, Interest, Royalties\$
Alimony/Child Support\$	2nd Job or other Income (describe)
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 1604 SH East Hwy 97 Suite B Jourdanton, TX 78026 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 \$15 -reimbursement fee (Article 102.030 Code of Criminal Procedure.)

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 Jourdanton 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)