

ADMONISHMENT AS TO FINANCIAL CHANGES

CAUSE NUMBER(S): \_\_\_\_\_

STATE OF TEXAS  
VS.

§  
§  
§

IN THE MUNICIPAL COURT  
CITY OF PLEASANTON  
ATASCOSA COUNTY, TEXAS

All defendants unable to pay the entire fine and court costs when sentenced are required to carefully read and acknowledge the following:

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.

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.

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 enough proof to the court.

*Todos los acusados sin capacidad de pagar la multa completa y los costos de corte después de la sentencia, necesitarán leer completamente y reconocer lo siguiente:*

*Yo, el acusado, reconozco que hasta que mis multas y los costos de corte esté completamente pagados, estaré de acuerdo en notificar a este juzgado de cualquier cambio en mi situación financiera o personal que interfiera con mi capacidad de pagar la multa y costos de corte en la manera ordenada por el juez.*

*Dependiendo de la situación, comprendo que el juez podrá ofrecerme otras maneras de recibir o ganar crédito hacia la multa y los costos de corte. Para que el juez considere la circunstancia, y para evitar la posibilidad de ser arrestado, necesito proveer pruebas suficientes y oportunas a este juzgado.*

\_\_\_\_\_  
Defendant's Signature/*Firma del Acusado*

\_\_\_\_\_  
Date/*Fecha*

\_\_\_\_\_  
Received by (clerk)

\_\_\_\_\_  
Date

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's Name _____ Telephone # _____	Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
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.

\_\_\_\_\_ The Court has advised me that I am responsible for satisfying the judgment and sentence:

in the amount of \$\_\_\_\_\_ in Cause Number \_\_\_\_\_;

in the amount of \$\_\_\_\_\_ in Cause Number \_\_\_\_\_;

in the amount of \$\_\_\_\_\_ in Cause Number \_\_\_\_\_;

in the amount of \$\_\_\_\_\_ in Cause Number \_\_\_\_\_.

\_\_\_\_\_ 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) \_\_\_\_\_

I AM UNEMPLOYED    How long unemployed: \_\_\_\_\_

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 or Position	Fulltime/ Part Time	Hourly Rate	Pay Schedule (Weekly/ Biweekly/ Monthly)
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Spouse's Name

Spouse's Employer Name and Address

Spouse's Title or Position	Full Time/ Part Time	Hourly Rate	Pay Schedule (Weekly/ Biweekly/ Monthly)
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**My Dependents** (The people who depend on me financially)

NAME	AGE	RELATIONSHIP TO ME

**My Property/Financial Assets include:**

Checking            \$ _____	My monthly take-home wages: \$ _____
Savings             \$ _____	The amount I receive each month in public benefits is: \$ _____
Money Market      \$ _____	The amount of income from other people in my household is: \$ _____
Investments \$ _____	The amount I receive each month from other sources is: \$ _____
Other \$ _____	
<b>Total Property</b> \$ _____	<b>TOTAL MONTHLY INCOME IS:</b> \$ _____

**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:	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**Public/Government/Other income:**

Retirement/Pension \$ _____	Dividends, Interest, Royalties \$ _____
Alimony/Child Support \$ _____	2 <sup>nd</sup> 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)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> WIC \$ _____         | <input type="checkbox"/> TANF \$ _____         | <input type="checkbox"/> Food Stamps/SNAP \$ _____                                    |
| <input type="checkbox"/> Medicaid             | <input type="checkbox"/> CHIP                  | <input type="checkbox"/> VA Pension   |
| <input type="checkbox"/> AABD                 | <input type="checkbox"/> LIS in Medicare       | <input type="checkbox"/> County Assistance/ County Health Care/<br>General Assistance |
| <input type="checkbox"/> Public Housing       | <input type="checkbox"/> Social Security       |   |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Low Income Energy Assistance                                 |

What is your proposed payment amount? \_\_\_\_\_

Would your payment be: \_\_\_\_ weekly, \_\_\_\_ biweekly, \_\_\_\_ monthly

When are you able to make your first payment \_\_\_\_/\_\_\_\_/\_\_\_\_?  
(must be within 30 days from the date this application is filed with the court)

**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 209, Pleasanton, Texas 78064 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 31<sup>st</sup> day after the judgment is entered that I am responsible for paying a \$15-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 Pleasanton 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.**

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**Defendants Signature**

**Date**

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Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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(Judge) (Clerk)