

HEWITT

T E X A S

Hewitt Municipal Court
200 Patriot Court
Hewitt, TX 76643

254-666-1208
254-666-6014 (Fax)

Financial Hardship/Indigency

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 to discharge 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 and inability to comply with alternate options.

Indigency 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.

48 Contiguous States

2024 Federal Poverty Guidelines

# of Persons in Household	Annual Income
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

Add \$5,380 for each person in household over 8 persons

Apply

Complete the FINANCIAL AFFIDAVIT in full and accurately. (Submitting false information to the Court constitutes the crime of tampering with a government record, punishable by incarceration/or imposition of a fine. Sect. 37.10 P.C.)

Supporting Documentation Required

Supporting documentation is based on the financial affidavit you completed. Submitted copies of your financial documents for applicable evidence. The list of documents below is a comprehensive list of financial information which allows the Judge to fully review your ability to pay.

- Income tax return for year immediately preceding your court date
- Banking statements for the previous 3 months
- Pay stubs from the previous 3 months
- Proof of unemployment disposition and benefit, if any
- Proof of Social Security Income for any household member
- Proof of child support or nonpayment of child support
- Proof of utility expenses including electric, gas, water, telephone, garbage, cable, internet, etc.
- Proof of housing expense including mortgage payment or rental agreement
- Proof of vehicle lease, ownership or other expense related to transportation
- Proof of health insurance receipts and other relative medical information
- Proof of any governmental financial supplements and assistance including food housing, and Medicare subsidies
- Proof of private grants or donations including individual payments made other persons

No Exceptions

Failure to present all required documentation will result in your request being denied.

The Court has advised me that I am responsible for satisfying the judgment and sentence as ordered for the outstanding violations:

Cause Number _____ in the amount of \$_____;
 Cause Number _____ in the amount of \$_____.

INITIAL ALL THAT APPLIES

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 I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs.

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

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)_____.

FINANCIAL AFFIDAVIT

Your Name (First, Middle, Last)			
Date of Birth	Driver's License/ID #		
Current Mailing Address:			
Home/Cell Number	Email Address:		
Own/Rent/Rent Free If RENT, Landlord Name _____ Telephone # _____	Marital Status (check one) Married <input type="checkbox"/> Single <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/>		
Are you on probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO Where: _____ Monthly Probation/ restitution fees \$ _____ Probation/Patrol Officer Name: _____ Telephone # _____			
<input type="checkbox"/> I am unemployed How long unemployed: _____ <input type="checkbox"/> I am a full-time student and supported by: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grants <input type="checkbox"/> Other _____			
<i>If you are a student, the financial information for that parent/guardian, other is required Complete Below.</i>			
Employer name:			
Employer Address:			
Work Telephone:			
Title/Position	Full time/Part time	HR rate	Pay Schedule
Spouse's Employer name and address:			

Spouse's Title/Position	Full Time/Part Time	Hourly Rate	Pay Schedule (weekly, bi-weekly, monthly)
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My dependent's (People who depend on me financially are):

Name	Age	Relationship to me

My Property/Financial Assets include:

Checking \$ _____
 Savings \$ _____
 Money Marker \$ _____
 Investments \$ _____
 Other \$ _____
 Total Property \$ _____

My monthly take-home wages \$ _____
 Retirement/Pension \$ _____
 Dividends, Interest, Royalties \$ _____
 Alimony/Child Support \$ _____
 2nd Job or other Income \$ _____
 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 \$ _____

I receive these public benefits/government entitlements that are based on indigency: (Present Proof)

<input type="checkbox"/> WIC	<input type="checkbox"/> TANF	<input type="checkbox"/> Medicaid
<input type="checkbox"/> CHIP	<input type="checkbox"/> Needs-based VA pension	<input type="checkbox"/> AABD
<input type="checkbox"/> LIS in Medicare	<input type="checkbox"/> County Assistance, County Health Care or General Assistance	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Social Security	<input type="checkbox"/> Low-income Energy Assistance	<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Emergency Assistance	<input type="checkbox"/> Other: _____	

My Monthly Expenses Are:

Home mortgage payment, rent, or lot rental for trailer: \$ _____
 Credit Cards \$ _____
 Utilities (electricity, water, gas, telephone): \$ _____
 Food and sundries: \$ _____
 Clothing: \$ _____
 Laundry and cleaning: \$ _____
 Newspapers, periodicals, & books, including school books: \$ _____
 Medical, dental, and drug expenses: \$ _____
 Insurance (auto, life, medical, homeowners/renters): \$ _____
 Transportation, including auto payments: \$ _____
 Taxes not deducted from wages or included in mortgage: \$ _____
 Alimony or support payments: \$ _____
 Cable/Satellite/Internet \$ _____
 Other Loans: \$ _____
 Total Monthly Expenses \$ _____

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 discharged in full, I will notify the Court in person or by first-class mail of any change of address or telephone number.

I understand that until my fine and fees are discharged 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 fines, costs, or restitution (if applicable) on or after the 31st day after the judgment is entered that I am responsible for paying a \$15.00 Time Payment Reimbursement Fee.

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 fines and fees are discharged.

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

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

I understand that if the written request is not signed and/or is incomplete, the request is automatically denied.

I understand that if I am NOT found indigent (individuals living at or below 125% of the federal poverty level) then I will be expected to make payment for my outstanding violation(s).

I understand that submitting false financial information to the Court constitutes the crime of tampering with governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10 Penal Code).

I swear that all the information in the application is true, correct, and complete to the best of my knowledge and belief.

Defendant's Signature: _____

Date: _____

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

(Judge) (Clerk)