APPLICATION FOR COMMUNITY SERVICE / INDIGENT PERSON

IT IS A STATE JAIL FELONY TO MAKE A FALSE STATEMENT ON THIS DOCUMENT

*****for persons at least 17 years of age at time of offense / not eligible if a Minor for Alcohol or Tobacco****

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NAME	DATE	CITATION NO	
ADDRESS	CITY	STATE	ZIP
PHONE/CELL NUMBER	EMAIL ADDRESS:		

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You must meet the following in order to apply for indigency:

- Must be at least age 17 at time of offense.
  - *Not eligible if under 17 years of age at time of offense.*
- Must have a valid driver's license or ID.
  - *If you have no ID you must make a personal appearance before the judge.*
- You must complete the attached time payment application.
  - *Incomplete applications will not be accepted.*
- You must enter a plea of Guilty or No Contest.
  - *Plea form attached; you may enter only 1 plea.*
- You must provide proof if you are claiming any of the following;
  - SSI Benefits
  - Unemployment benefits
  - Welfare
  - Social Security Disability

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Please enclose a **copy of your Driver's License or ID, your plea of guilty or no contest, the Statement of Inability to Afford payment of Court Costs or an Appeal Bond** (if claiming indigency, please provide proof of benefits received) and mail along with **this form** to **VAN MUNICIPAL COURT, PO BOX 487, VAN, TX 75790.**

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By signing this form in the space provided below I hereby swear and affirm that the information in this form and the answers I have made are true and correct to the best of my knowledge.

By signing below, I request that the Court grant my request for Indigency for the citation listed above.

I also understand that I am required to notify the court of any changes in my address or phone number.

_____ Signed this _____ day of _____, 20___

Defendant signature

CITATION NO. _____

STATE OF TEXAS

Vs

_____

(Print your name here)

IN THE MUNICIPAL COURT OF

CITY OF VAN

VAN ZANDT COUNTY, TEXAS

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PLEA FORM

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☐ ***Plea of Nolo Contendre / Declaracion De Nolo Contendre***

I, the undersigned, do hereby enter my appearance on the complaint of the offense, listed on my citation charged in the municipal court. I waive my right of my right to a jury trial and that my signature to this plea of No Contest will have the same force and effect as a judgment of the Court. I do hereby plead Nolo contendere to the offense as charged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs as assessed. I acknowledge that I have not requested any discovery pursuant to Article 39.14 C.C.P. I understand that my plea may result in a conviction appearing on either a criminal or driver's license record. A conviction of an offense under a traffic law of this state or a political subdivision of this state may result in the assessment on my driver's license of a surcharge under the Driver Responsibility Program. *** I also understand that it is my responsibility to notify the court if my address or phone number changes.**

WARNING y declaro: Reconozco que se me ha explicado que tengo el derecho a procesar mi caso ante un jurado y que firmar esta declaración de nolo contendere (que significa "no me opongo o protesto" a los cargos), a la orden dictada por el Juez, dicha declaración equivaldrá a una declaración de culpabilidad. No obstante esto, presento mi declaración de nolo contendere ante el delito imputado, formalmente renuncio mi derecho a un juicio ante un jurado y me comprometo a pagar la multa y los costos que imponga el Juez. Entiendo que el pago de la fianza y los costos constituye satisfacción con el fallo y denegación al derecho de apelación. Yo entiendo que mi petición resultará en que aparezca una condena en mi historial criminal o historial de licencia de conducir.

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☐ ***Plea of Guilty / Declaracion De Culpabilidad***

I, the undersigned, do hereby enter my appearance on the complaint of the offense, listed on my citation charged in the municipal court. I waive my right of my right to a jury trial and that my signature to this plea of guilty will have the same force and effect as a judgment of the Court. I do hereby plead Guilty to the offense as charged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs as assessed. I acknowledge that I have not requested any discovery pursuant to Article 39.14 C.C.P. I understand that my plea may result in a conviction appearing on either a criminal or driver's license record. A conviction of an offense under a traffic law of this state or a political subdivision of this state may result in the assessment on my driver's license of a surcharge under the Driver Responsibility Program. *** I also understand that it is my responsibility to notify the court if my address or phone number changes**.

WARNING, y declaro: Reconozco que se me ha explicado que tengo el derecho a procesar mi caso ante un jurado. No obstante esto, presento mi declaración de culpable ante el delito imputado, formalmente renuncio mi derecho a un juicio ante un jurado o ante el Juez, y me comprometo a pagar la multa y los costos que imponga el Juez. Entiendo que el pago de la fianza y los costos constituye satisfacción con el fallo y denegación al derecho de apelación. Yo entiendo que mi declaración puede resultar en una condena en mi historial criminal o historial de licencia de conducir.

SIGNATURE	DATE
MAILING ADDRESS	
PHONE	EMAIL

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Cause Number: _____ In the Van Municipal Court, Van Zandt County Texas

Defendant: _____ (Print first and last name)

STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS OR AN APPEAL BOND

YOUR INFORMATION:			
MY FULL LEGAL NAME (FIRST, MIDDLE, LAST):		MY DATE OF BIRTH (MM/DD/YY):	
MY ADDRESS:			
MY PHONE NUMBER:		MY EMAIL:	
THE PEOPLE (DEPENDENTS) WHO DEPEND ON ME FINANCIALLY ARE LISTED BELOW:			
Name:		Age:	Relationship to me:
1.			
2.			
3.			
4.			
5.			

DO YOU RECEIVE PUBLIC BENEFITS? ☐ **NO** ☐ **YES** **If yes, complete the following:**

I receive these public benefits/government entitlements that are based on indigency:

CHECK ALL THAT APPLY AND ATTACH PROOF TO THIS FORM (such as copy of eligibility form or check)

☐ **Food Stamps/SNAP**	☐ **TANF**	☐ **Medicaid**	☐ **CHIP**	☐ **SSI**	☐ **WIC**
☐ **AABD**	☐ **Public Housing/Section 8**	☐ **Low Income Energy Assistance**	☐ **Emergency Assistance**		
☐ **Telephone Lifeline**	☐ **Community Care via DADS**	☐ **LIS in Medicare**			
☐ **Needs-based VA Pension**	☐ **Child Care Assistance under Child Care & Development Block Grant**				
☐ **County Assistance, County Health Care, or General Assistance**					
☐ **Other:**					

WHAT IS YOUR MONTHLY INCOME AND INCOME SOURCES? I get monthly income from:

Monthly Wages: $	I work as a:	For:
Monthly Unemployment: $	I have been unemployed since (date):	
Public Benefits per month: $	From other jobs: $	

From other people in my household (list only if other members contribute to your household income): $

From other sources: $	☐ Tips/Bonuses	☐ Retirement/Pension	☐ Disability
☐ Social Security	☐ Military Housing	☐ Dividends/Interest/Royalties	☐ Child/Spousal Support

☐ My Spouse's income or income from another member of my household

TOTAL MONTHLY INCOME FROM ALL SOURCES: $

WHAT IS THE VALUE OF YOUR PROPERTY?	***VALUE?***	**WHAT ARE YOUR MONTHLY EXPENSES?**	***VALUE?***
CASH		RENT/HOUSE PAYMENT/MAINTENANCE	
BANK ACCOUNTS & OTHER FINANCIAL ASSETS		FOOD & HOUSEHOLD SUPPLIES	
		UTILITIES & TELEPHONE	
		CLOTHING & LAUNDRY	
		MEDICAL/DENTAL EXPENSES	
VEHICLES (CARS & BOATS) MAKE & YEAR		INSURANCE (MEDICAL, LIFE, HEALTH, AUTO)	
		SCHOOL & CHILD CARE	
		DEBT PAYMENT:	
		DEBT PAYMENT:	
TOTAL VALUE OF PROPERTY →		**TOTAL MONTHLY EXPENSES →**	

The value is the amount the item would sell for less the amount you still owe on it if anything.

MY DEBTS INCLUDE (LIST DEBT AND AMOUNT OWED):
If you want the court to consider other facts such as unusual medical expenses, family emergencies, etc. attach another page to the form labeled "Exhibit: Additional Supporting Facts.") **Check here if you attach another page** ☐

I declare under penalty of perjury that the foregoing is true and correct. I further swear that I cannot afford to pay court costs.

Signature: _____ Signed this _____ day of _____, 20___