

#### City of Bastrop Municipal Court of Record Address: 104 Grady Tuck Ln., Bastrop, TX 78602 Phone #: 512-332-8650 Email: BMC@cityofbastrop.org

### ATTENTION DEFENDANT:

To request an indigent hearing for your case(s), please fully complete (**do not leave anything blank**) and submit the attached indigent packet along with the required supporting documents. You must complete a plea form for each case you are requesting an indigency hearing for.

You may submit the documents by one of the following options:

1) **Email**: <u>bmc@cityofbastrop.org</u>

2) Mail: 104 Grady Tuck Ln., Bastrop, TX 78602

3) **In person**: 104 Grady Tuck Ln., Bastrop, TX 78602 – Monday through Thursday 8 am to 4 pm or Friday 8 am to 12 pm.

4) **Drop box**: Located in front of the court building – 104 Grady Tuck Ln., Bastrop, TX 78602

STATE OF TEX	AS		§	CITA	TION #:	
VS.		, Defendant	<b>§</b> §	OFFI	ENSE DATE:	
Plea Form						
For the offense of		, I wish	to enter a p	olea of (Des	o entrar en una declaración de):	
Guilty/Culpable						
	record or a driver's lie	cense record. Furthe			understand that my plea may result in a h bond, I give my permission to apply n	
	na condena a ambos a	ntecedentes penales	o registro de l	icencia de con	ulta y los costos evaluados. Entiendo qu lucir. Por otra parte, si he publicado una caso que aparece arriba.	
No Contest/Ninguna Con	mpetencia					
	record or a driver's lie	cense record. Furthe			understand that my plea may result in a h bond, I give my permission to apply n	
	ondena a ambos ante	cedentes penales o re	egistro de licer	ncia de conduc	ulta y los costos evaluados. Entiendo que. Por otra parte, si he publicado una fia ue aparece arriba.)	
I have read and understand	my plea (He leído	y entendido mi si	íplica). I he	reby request	a payment plan for my citation / o	case.
Signed this the da	y of	, 20	·			
Defendant Signature:						
Mailing Address:				<del></del>		
Phone #:						
Email address:						



(	CAUSE NUMBER:	
STATE OF TEXAS	<b>§</b>	IN THE MUNICIPAL COURT
vs.	<b>§</b>	OF THE CITY OF BASTROP,
DEFENDANCE	_, §	BASTROP COUNTY, TEXAS
DEFENDANT		

ALL DEFENDANTS unable to pay the ENTIRE FINE AND COURT COSTS WHEN SENTENCED are REQUIRED to CAREFULLY READ and ACKNOWLEDGE the following:

TODOS los DEFENDIENTES sin capacidad de pagar LA MULTA COMPLETA Y LOS COSTOS de CORTE despues de la sentencia, NECESITARAN LEER completamente y RECONOCER lo siguente:

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.

Yo, el infrascrito, reconozco que hasta que mis multas y el costo de corte son completamente pagados yo estoy de acuerdo en notificar a este juzgado de cualquier cambio en mi situacion financiera o personal que interfiera con mi capacidad de pagar la multa y costos de corte en la manera ordenada por el Juez.

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.

Es mi responsabilidad de informar a este juzgado de mi capacidad de pagar la multa y los costos de la corte. Es mi responsabilidad de informar a este juzgado en caso de dificultades economicas.

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 sufficient proof to the Court.

Dependiendo en la situacion, yo comprendo que el juez podra ofrecerme otras maneras de recivir or ganar credito hacia la multa y los costos de corte. Para que el juez considere la circumstancia, y para evitar la posibilidad de ser detenido, yo necesito proveer suficientes y oportunas pruebas a este juzgado.

Defendant's Signature/Signatura de Defendiente

Judge, Municipal Court City of Bastrop, Texas Bastrop County



# CITY OF BASTROP MUNICIPAL COURT Application and Financial Affidavit for Time Payment Plan

Please COMPLETE ALL information and print legibly. **DO NOT LEAVE ANY BLANKS.** 

PERSONAL INFORMATION: Name:	Date of Birth:		
Mailing Address: Ci			
Physical Address: C	ty:	State: Zi <sub>l</sub>	p:
Your residence is (Check One): Rented □ Owned	□ Rent-Free □		
Email Address:	Telephone #: _		
Driver's License # or ID # and State:	Social Security	· # <b>:</b>	
Marital Status (Check One): Married □ Single □ Div	orced □ Widowed □	# of Dependents living	with you:
Nearest Living Relative:	Relationship: Phone #:		
EMPLOYMENT INFORMATION:			
Employer:	Job Title:		
Salary: \$ per Employer's T	elephone Number:		
List the source and amount of any other income you recei	ve:		
Spouse's Salary: \$ per Spou			
ESTIMATE YOUR AVERAGE CURRENT MONTHLY  a. Home mortgage payment, rent, or lot rental for trailer:	EXPENSES FOR YOU A		
b. Utilities (electricity, water, gas, telephone):	\$		
c. Food and sundries:	\$		
<ul><li>d. Medical, dental, and drug expenses:</li><li>e. Insurance (auto, life, medical, homeowners/renters):</li></ul>			
f. Transportation, including auto payments:	\$		
g. Alimony or support payments:	\$		
h. Other expenses (use reverse side if necessary):	\$		
LIST ALL OF YOUR CREDITORS (including credit (Use reverse side if necessary):	cards) AND THE AMOU	JNT YOU OWE EACH	1
\$		\$	
¢.		¢.	

IF YOU RECEIVE ANY GOVERNMENTAL ASSISTANCE, YOU MUST SUBMIT A COPY OF YOUR AWARD BENEFITS LETTER STATING ALL ASSISTANCE AND AMOUNT RECEIVED. YOU MUST ALSO SUBMIT PROOF OF ALL INCOME AND EXPENSES, BANKING INFORMATION, AND CREDITOR INFORMATION LISTED.

### ACKNOWLEDGEMENT AND DECLARATION

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT,

AND A	AGREE TO IT.	
	I <b>promise</b> that I will notify this Court in person or by first-class mail (mail to 104 Grady Tuck Ln., Bastrop, TX 78602) changes of my address or telephone number within five (5) days of the change.	of any
	I understand that I have a continuing obligation to notify the Court of any changes in my financial status that may have a satisfy the judgment or help me satisfy the judgment.	inder
	I <b>understand</b> that if I pay any part of the fine, costs, or restitution (if applicable) on or after the 31st day after judgmer entered that I am responsible for paying a \$15 time payment fee if citation is issued on or before 12/31/19, if citation was issued or after 1/1/20 the Time Payment Reimbursement fee will be \$15 (Section 133.103, Local Government Code).	
	I understand that submitting false financial information to the Court constitutes the crime of tampering w governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code). I swea all the information in this application is true, correct, and complete to the best of my knowledge and belief.	
	I understand that if I am found indigent, a conviciton(s) may be reported to the Department of Public Safety.	
Defen	endant's Signature Date:	

## **Items required to be attached to your indigent application:**

- Income verification:
  - o 2 current pay stubs and/or
  - O W2 tax form and/or
  - Assistance information such as:
    - Disability pay,
    - Food stamps
    - Housing information
- Most recent utility bills:
  - o Water
  - o Electric
  - o Gas
- Rent, Lease, or House Payment
  - Cancelled check
  - o Lease agreement
  - Rent receipt
- Proof of Insurance payments you routinely make.
- Childcare and/or child support statement
  - o Cancelled check or
  - o Tax return
- Any other bills / statements to verify your income and expenses.