



FORNEY MUNICIPAL COURT OF RECORD NO. 1

331 S. FM 548 * P. O. Box 826 * Forney, Texas 75126
Phone: 972-564-7311 Fax: 972-564-7321
e-mail: court@forneytx.gov pay online at www.forneytx.gov



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****

NAME	DATE	CITATION NO.	
ADDRESS	CITY	STATE	ZIP
PHONE / CELL NUMBER	E-MAIL ADDRESS		

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

**** 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 FORNEY MUNICIPAL COURT OF RECORD NO. 1 - PO Box 826 - Forney Texas 75126.**

****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 Deferred Disposition 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.**

Defendant signature

Signed this _____ day of _____, 20____

CITATION NO. _____

STATE OF TEXAS
Vs

IN THE MUNICIPAL COURT OF RECORD NO. 1
CITY OF FORNEY
KAUFMAN COUNTY, TEXAS

(Print your name here)

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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.**

Yo, la persona que suscribe, comparezco con motivo de la ofensa Disorderly Conduct-Abusive Language, imputada en el Tribunal municipal como causa número 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.**

*Yo, la persona que suscribe, comparezco con motivo de la ofensa, Disorderly Conduct-Abusive Language, imputada en el Tribunal municipal como causa número 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 _____ E-MAIL- _____

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Cause Number: _____ In the Forney Municipal Court of Record No. 1, Kaufman County Texas

Defendant: _____

(Print first and last name)

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: _____ My date of birth is: ____/____/____
(First Middle Last Month/Day/Year)

My address is: (Home) _____
(mailing) _____

My phone number: _____ My e-mail: _____

About my dependents: The people who depend on me financially are listed below.

Name	Age	Relationship to me
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

2. Do you receive public benefits?

- I do not receive needs-based public benefits. - or -
- I receive these public benefits/government entitlements that are based on indigency:
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)
- Food stamps/SNAP - TANF - Medicaid - CHIP - SSI - WIC - AABD
- Public Housing or Section 8 Housing - Low-Income Energy Assistance - Emergency Assistance
- Telephone Lifeline - Community Care via DADS - LIS in Medicare ("Extra Help")
- Needs-based VA Pension - Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)
- Other: _____

3. What is your monthly income and income sources? I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____

\$ _____ in monthly unemployment. I have been unemployed since (date) _____

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

Modified 3/4/17 from:

© Form Approved by the Supreme Court of Texas by order in Misc. Docket No. 16-9122 Statement of Inability to Afford Payment of Court Costs.

\$_____ from - Retirement/Pension - Tips, bonuses - Disability - Worker's Comp
 - Social Security - Military Housing - Dividends, interest, royalties
 - Child/spousal support
 - My spouse's income or income from another member of my household (if available)

\$_____ from other jobs/sources of income. (Describe) _____

\$_____ is my total monthly income.

4. What is the value of your property?

My property includes:	Value*
Cash	\$_____
Bank accounts, other financial assets	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
Vehicles (cars, boats) (make and year)	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
Total value of property →	\$_____

5. What are your monthly expenses?

My monthly expenses are:	Amount
Rent/house payments/maintenance	\$_____
Food and household supplies	\$_____
Utilities and telephone	\$_____
Clothing and laundry	\$_____
Medical and dental expenses	\$_____
Insurance (life, health, auto, etc.)	\$_____
School and child care	\$_____
Debt payments paid to: (List)	\$_____
_____	\$_____
_____	\$_____
Total Monthly Expenses →	\$_____

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

6. Are there debts or other facts explaining your financial situation?

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 this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.

7. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.

My name is _____ My date of birth is: ____/____/____

My address is _____
Street City State Zip Code Country

Signature _____, signed on ____/____/____ in Kaufman County, Texas
Month/Day/Year county name State