

Defendant: _____	FOR OFFICIAL USE ONLY	Fine/Cost: _____ Plus \$ _____
Docket No.: _____		Mo. Pymt _____

City of Comanche

Financial Statement

(BOTH PAGES MUST BE COMPLETED. BE SURE TO LIST ALL INCOME & BILLS YOU PAY. YOUR CONTACT PHONE NUMBERS WILL BE VERIFIED.)

Personal						
NAME _____						
	Last	First	Middle	(Nickname)		
Physical Address _____						
	Street Number	Street	Apt #	City	State	Zip
Mailing Address _____						
	Street Number	Street	Apt #	City	State	Zip
PHONE (____) _____ Daytime contact number (____) _____						
Date of Birth ____/____/____ Driver's License No. _____ Soc. Sec. Number ____-____-____						
Marital Status: Single ____ Married ____ Separated ____ Divorced ____						
Spouse's Name _____						
	Last	First	Middle	(Nickname)		

REFERENCES: MUST INCLUDE THREE (3) DIFFERENT PEOPLE WITH COMPLETE ADDRESS & PHONE NUMBER. REFERENCES LISTED MUST HAVE DIFFERENT ADDRESSES. ALL PHONE NUMBERS WILL BE VERIFIED.

Nearest Relative NOT living with you _____				Relationship _____		
Address & Phone Number _____ (____) _____						
	Street Address	City & State		Area Code & Phone Number		
List name, Address & Phone Number of Two (2) Personal References:						
(____) _____						
Name	Street Address	City & State		Area Code & Phone Number		
(____) _____						
Name	Street Address	City & State		Area Code & Phone Number		

INCOME						
Employer: _____				Position: _____		
Employer Address: _____				Phone: _____		
Take Home Pay \$ _____ WEEKLY / BI-WEEKLY / BI-MONTHLY / MONTHLY (<i>circle one</i>)						
Spouse's Employer: _____				Phone: _____		Position: _____
Take Home Pay \$ _____ WEEKLY / BI-WEEKLY / BI-MONTHLY / MONTHLY (<i>circle one</i>)						

List All Other Sources of Income and the Amount(s): (do not list bills-bills are listed on the back of this form)		
Unemployment \$ _____	Utility Assistance \$ _____	Do any of your dependents receive free or reduced lunches? Yes / No
Social Security \$ _____	Food Stamps \$ _____	
Disability \$ _____	Rental Property \$ _____	Do you or your legal dependents receive Medicaid or Medicare? Yes / No
Retirement \$ _____	Other \$ _____	

Payment Application Continued:

Other than yourself, list the name and relationship of the person's that you directly support:			
Name: _____	Relationship: _____	Name: _____	Relationship: _____
1) _____		4) _____	
2) _____		5) _____	
3) _____		How many of these dependents are listed on your federal taxes?	
Residence:			

Landlord or Bank	Address	City & State	(Area Code) & Phone #
Mortgage \$ _____	Rent \$ _____	Parents \$ _____	Other \$ _____
Monthly Living Expenses:			
Electric/Gas \$ _____	Water \$ _____	Phone/Cell \$ _____	Food \$ _____
Medical \$ _____	Insurance \$ _____	Gasoline \$ _____	Childcare \$ _____
Other (explain) \$ _____		Other (explain) \$ _____	
List All Other Creditors: (Credit Cards, Bank Loans, Finance Companies,) Use a Separate Sheet of Paper if necessary.			
Company: _____		Mo. Payment \$ _____	
Company: _____		Mo. Payment \$ _____	
Company: _____		Mo. Payment \$ _____	
Automobile: _____	Year _____	Make _____	Model _____
			Mo. Payment \$ _____
Automobile: _____	Year _____	Make _____	Model _____
			Mo. Payment \$ _____
Acknowledgment and Declaration			

- I have entered a plea of NO CONTEST and acknowledge that I am hereby formally requesting an Extension of Time for Payment or Community Service of the fines and court costs now due and payable to the City of Comanche.
- I understand that intentionally and knowingly submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Sec. 37.10, Penal Code).
- I promise that until my fines have been paid in full, I will notify this court in person, by telephone, or by first-class mail of any changes of my address or telephone number within five (5) days of the change.
- I understand that I have a continuing obligation until my fines are paid in full 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 affirm that all the information in this application is true, correct, and complete to the best of my knowledge and belief and I have given a complete and accurate disclosure of my income and financial status. I authorize the City of Comanche Municipal Court, employees or agents, to conduct a complete and thorough investigation of any of the above statements.
- I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies.
- I understand that if I pay any part of the fine and court cost on or after the 31st day after judgment was entered, that I am responsible for paying a \$25.00 Time Payment Fee for each violation.
- **As the defendant in a criminal case in the State of Texas, I have certain rights regarding the inspection and reproduction of the evidence in the case that the State has filed against me. I have the right to review those items prior to entering my plea. I understand that the State has a continuing duty to disclose to me or to the court any document, item, or information that is exculpatory, impeaching, or mitigating, or that would tend to negate my guilt or would tend to reduce the punishment for my offense. Understanding that I have these rights, I am knowingly waiving my right to discovery, except as provided by law.**

My signature on this document indicates that I have read this document, understand it, and agree to all statements included.

X _____
Defendant's Signature

Sworn or Affirmed to and subscribed before me on this ____ day of _____, 20____, by the defendant.

 Judge/Court Clerk, Comanche Municipal Court
 Comanche, Comanche County, Texas