

SUPPORTING FINANCIAL DOCUMENTS INSTRUCTION SHEET

You have requested a payment arrangement or have been scheduled to appear and show cause why you failed to pay the fine and costs assessed against you. You should complete the attached payment ability acknowledgment form. You should be prepared to discuss your financial circumstances and you are **required** provide the following documentation to assist the court in understanding your situation.

BRING WITH YOU TO PRESENT TO THE COURT:

The completed financial information form

Most recent income tax return filed

Bank statements from the last *three* months

Pay stubs from the last *three* months

Proof of any other income or payments received on a regular basis (i.e., unemployment, Social Security, SSI, disability, annuity, pension, etc.)

Proof of your housing expense including any mortgage payment or rental agreements

Proof of utility expenses including electric, gas, water, telephone, cell phone, garbage, cable TV, internet, etc.

Proof of vehicle ownership or lease agreement and any other transportation related expenses

Proof of any governmental financial supplements or assistance including food, food stamps, housing, and Medicare subsidies

COMMUNITY SERVICE

If you are unable to pay your fines, community service is another way in which your fines can be satisfied. Community service is unpaid volunteer work for a non-profit charity or government office. A credit of \$12.50 is given for each hour of community service submitted. If it is determined that community service is appropriate, the court will give you a list of places –where community service can or shall be performed based on your financial and case history with the court. **DO NOT START COMMUNITY SERVICE UNTIL APPROVED, ORDERED, OR INSTRUCTED BY THE COURT.**



SUGAR LAND MUNICIPAL COURT

DEFERRED PAYMENT APPLICATION SOLICITUD DE PLAN DE PAGOS DEFERIDO

PAYMENT ABILITY ACKNOWLEDGEMENT (6A)

STATEMENT OF FINANCIAL RESPONSIBILITY Declaración de Responsabilidad Financiera

COURT REVIEW

- SET FOR INDIGENCY HEARING
- DOES NOT NEED INDIGENCY HEARING
- REFERRED TO JUDGE FOR ALTERNATIVE SENTENCING

Signature _____

THOROUGHLY AND LEGIBLY, COMPLETE THIS FINANCIAL STATEMENT. **DO NOT LEAVE ANY BLANKS.** IF AN ITEM DOES NOT APPLY PLEASE PLACE "N/A" IN THAT FIELD. **WARNING:** FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE (1) YEAR IN JAIL AND A MAXIMUM FINE UP TO \$4,000. IF THE FINES AND COSTS ARE NOT PAID WITHIN 30 DAYS OF THE DATE THE JUDGMENT WAS ENTERED, STATE LAW REQUIRES THAT AN ADDITIONAL FEE WILL BE ADDED TO THE FINE PER CASE.

EN FORMA LEGIBLE Y COMPLETA, LLENE ESTA DECLARACIÓN FINANCIERA. **NO DEJE NINGÚN ESPACIO EN BLANCO O SIN CONTESTAR.** SI ALGUNA PREGUNTA NO ES PERTINENTE PARA USTED ESCRIBA "N/A" EN ESE ESPACIO. **ADVERTENCIA:** PRESENTACIÓN DE INFORMACIÓN FALSA AL TRIBUNAL ES UN DELITO DE CLASE A PENADO CON HASTA UN 1 AÑO DE CÁRCEL Y UNA MULTA MÁXIMA HASTA \$4,000. SI NO SE PAGAN LAS MULTAS Y LOS COSTOS DENTRO DE 30 DÍAS DE LA FECHA QUE EL JUICIO FUE INTRODUCIDO, LA LEY ESTATAL REQUIERE QUE UN CARGO ADICIONAL POR CASO SE AÑADIRÁ A LA MULTA.

Case Number(s) Número(s) de Caso(s): _____

Total Amount Due La cantidad total debida es: _____

DEFENDANT'S INFORMATION (DATOS DEL ACUSADO)

If Juvenile, Parent/Guardian Information (Los menores de edad deben incluir los datos de sus padres o tutores legales)

First Name <i>Primer Nombre</i>		Middle Name <i>Segundo Nombre</i>		Last Name (Maiden) <i>Apellido de soltera</i>		Suffix: Jr, Sr, etc.	
Date of Birth: mm/dd/yy <i>Fecha de Nacimiento</i>	Social Security No. <i>Número de seguridad social</i>	Driver's License No. <i>Numero de Licencia de Manejar</i>	State <i>Estado</i>	Expire Date <i>Fecha de expiración</i>	Class <i>Tipo</i>		
Home Address <i>Direccion de Casa</i>				Apt No. <i>Unidad</i>	City, State <i>Ciudad, Estado</i>		Zip <i>Código Postal</i>
Primary Phone <i>Número de teléfono</i>		Secondary Phone <i>Celular</i>		Email Address <i>Correo-Electrónico</i>			
Marital Status (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							

SPOUSE (ESPOSO O ESPOSA)

First Name <i>Primer Nombre</i>		Middle Name <i>Nombre Segundo</i>		Last Name (Maiden) <i>Apellido de soltera</i>		Suffix: Jr, Sr, etc.	
Primary Phone <i>Número de teléfono</i>		Secondary Phone <i>Celular</i>		Email Address <i>Correo-Electrónico</i>			

PERSONAL REFERENCES (A minimum of two people who do not live with you) REFERENCIAS PERSONALES (Un mínimo de dos personas que no viven con usted)

Name <i>Nombre</i>	Home Address <i>Direccion de Casa</i> <u>OR</u> Email Address <i>Correo-Electrónico</i>	Relationship <i>Parentesco</i>	Phone Number <i>Número de teléfono</i>
Name <i>Nombre</i>	Home Address <i>Direccion de Casa</i> <u>OR</u> Email Address <i>Correo-Electrónico</i>	Relationship <i>Parentesco</i>	Phone Number <i>Número de teléfono</i>

Under penalty of perjury, I hereby certify that the foregoing as being a complete and accurate statement of my current financial condition. It is with the understanding and acknowledgement that I formally request an extension of time for payment of the fines/fees and court costs now due and payable. Filing false information with the court is a Class A misdemeanor punishable by up to one (1) year in jail and a maximum fine up to \$4,000. If the fines and costs are not paid within 30 days of the date the judgment was entered, state law requires that an additional fee will be added to the fine per case.

Bajo pena de perjurio, certifico que lo anterior como una declaración completa y exacta de mi actual condición financiera. Es con la comprensión y el reconocimiento que formalmente solicito una extensión de tiempo para el pago de las multas y tarifas y costos ahora debidos y pagaderos a la corte. Presentación de información falsa al Tribunal es un delito de clase A penado con hasta un 1 año de cárcel y una multa máxima hasta \$4,000. Si no se pagan las multas y por caso se añadirá a la multa.

FOR INTERNAL USE ONLY

Defendant contact information and references verified:

Yes No

Verified by: _____

Date:

Interview Conducted

Yes No

Conducted by: _____

Date: _____

ABILITY ACKNOWLEDGMENT SURVEY

DO NOT LEAVE ANY BLANKS.

IF AN ITEM DOES NOT APPLY PLEASE PLACE "N/A" IN THAT FIELD.

NO DEJE NINGÚN ESPACIO EN BLANCO O SIN CONTESTAR.

SI ALGUNA PREGUNTA NO ES PERTINENTE PARA USTED ESCRIBA "N/A" EN ESE ESPACIO.

Defendant is required to attend high school. *Requerido para asistir a la escuela secundaria.*

1. *(Defendant is currently enrolled in a high school education program). El acusado actualmente está inscrito en un programa de educación secundaria.* YES NO

Defendant can provide proof to the court receipt of federal assistance. Mark all assistance received:

Puede proporcionar la prueba de los beneficios recibidos. Marca de toda la ayuda recibida:

- Food Stamps \$ _____
 WIC \$ _____
 Medicaid \$ _____
 NONE APPLICABLE
 TANF \$ _____
 CHIPS \$ _____
 Other: _____

3. **Number of dependants in the household who require your financial support including yourself:** Ages of dependents: _____

Estimated annual household income: _____
(Monthly income multiplied by 12) \$ _____

ASSETS ACTIVOS		
Name of Bank <i>Nombre del Banco</i>	Checking Balance <i>Comprobación de equilibrio</i>	Savings Balance <i>Saldo de ahorros</i>
Spouse Name of Bank <i>Esposo o Esposa Nombre del Banco</i>	Checking Balance <i>Comprobación de equilibrio</i>	Savings Balance <i>Saldo de ahorros</i>

REQUIRED EMPLOYMENT INFORMATION INFORMACIÓN DE EMPLEO REQUERIDA	
<input checked="" type="radio"/> I am employed <input type="radio"/> I am unemployed	
Employer's Name <i>Nombre del empleado</i>	Employer's Phone Number <i>Número de teléfono del empleador</i>
Employer's Address <i>Dirección del empleado</i>	Position/Job Title <i>Título profesional</i>

MONTHLY INCOME INGRESOS MENSUALES	
Your Monthly Income <i>Sus Ingresos</i> Select Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$ _____
Spouse Monthly Income <i>Ingresos de sus esposo o esposa</i> Select Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$ _____
Welfare <i>Asistencia Social</i>	\$ _____
Unemployment <i>Seguro de Desempleo</i>	\$ _____
Social Security Retirement <i>Seguro Social</i>	\$ _____
Retirement <i>Retiro</i>	\$ _____
Child Support <i>Manutención de Menores</i>	\$ _____
Social Security Disability <i>Incapacidad</i>	\$ _____
Other Income: <i>Sus Otro Ingresos:</i>	\$ _____
Other Income: <i>Sus Otro Ingresos:</i>	\$ _____
Other Income: <i>Sus Otro Ingresos:</i>	\$ _____
Total Income <i>Total Sus Ingresos</i>	\$ _____

MONTHLY EXPENSES GASTOS MENSUALES	
Mortgage/Rent Payment <i>Hipoteca/Renta</i> Select: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Rent-Free	\$ _____
Utilities & Phone <i>Servicios Públicos y teléfono</i>	\$ _____
Food and Groceries <i>Alimentos y abarrotes</i>	\$ _____
Vehicle Payment <i>Pago del autoóvil</i>	\$ _____
Vehicle Insurance <i>Seguro de automóvil</i>	\$ _____
Childcare <i>Cuidado de Niños</i>	\$ _____
Medical Expenses <i>Gastos Médicos</i>	\$ _____
Child and/or Spouse Support <i>Cuidado de menores o esposa</i>	\$ _____
Loans <i>Préstamos</i>	\$ _____
Credit Card <i>Tarjeta de crédito</i>	\$ _____
Court order <i>Mandato judicial</i>	\$ _____
Total Expenses <i>Total de Gastos</i>	\$ _____

STANDARD PAYMENT PLAN AGREEMENT AND ACKNOWLEDGMENT
Acuerdo de plan de pagos y reconocimiento

- I hereby enter a plea of Nolo Contendere. *Me declaro nolo contendere.*
- I understand that I agree to waive my right to a trial. *Entiendo que estoy de acuerdo en renunciar a mi derecho a un juicio.*
- I understand the payment plan terms. *Entiendo los terminus del plan de pagos.*
- I have the ability to successfully meet the payment plan terms and it will not cause a hardship. *Tengo la capacidad de cumplir con el plan de pagos y no causará dificultades.*
- I authorize the Court to contact me via phone or text message at the above number(s). *Le autorizo al corte comunicarse conmigo por teléfono o texto al número proporcionado.*

STANDARD PAYMENT PLAN (MINIMUM MONTHLY PAYMENT \$100.00)
Plan de pagos estándar (Mínimo de \$100.00 mensuales)

- I accept a income contingent payment plan with a monthly payment in the amount of \$ _____. Starting: _____
Acepto el plan de pagos ingreso contingente con un pago mensual de (la cantidad escrita). Fecha de inicio. (Until paid in full)
- I accept the option to complete community service to satisfy my fines. Total hours _____ Due Date: _____
Acepto la opción de completar el servicio comunitario para satisfacer mis multas. Total de horas debidas.

If the fines and costs are not paid within 30 days of the date the judgment was entered, state law requires that an additional fee will be added to the fine per case. *Si no se pagan las multas y los costos dentro de 30 días de la fecha que del juicio fue introducido, la ley estatal requiere que un cargo adicional por caso se añadirá a la multa.*

Under penalty of perjury, I hereby certify the foregoing information as being true and correct. It is with the understanding and acknowledgement that I formally request an extension of time for payment of the fines/fees and court costs now due and payable. *Bajo pena de perjurio, certifico lo anterior como una declaración completa y exacta. Es con la comprensión y el reconocimiento que formalmente solicito una extensión de tiempo para el pago de las multas y tarifas y costos ahora debidos y pagaderos a la corte.*

Defendant's Signature *Firma del Acusado*

Date *Fecha*

*** STOP DO NOT COMPLETE THE SECTION BELOW***
DETENER NO COMPLETE LA SECCIÓN DE ABAJO

4. Does the defendant's household income exceed 125% of the Federal Poverty Guidelines? (Refer to Poverty Guidelines Chart)

YES NO