



**City of Portland Municipal Court**

Address: 1900 Billy G. Webb Dr.

Portland, TX. 78374

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**FINANCIAL DISCLOSURE/AFFIDAVIT OF INDIGENCY**

1. **Community Service:** I am indigent and can perform \_\_\_\_\_ hours of community service per month. I am available to complete my first hours on (date) \_\_\_\_\_. *(complete full application)*

2. I need to discuss my ability to pay or perform community service with a judge. *(complete full application)*

Yes  No 3. I am receiving aid from a federal assistance program for myself or a dependent (i.e. food stamps, Temporary Assistance for Needy Families (TANF), Women, Infants and Children (WIC), Children's Health Insurance Program (CHIP), Medicaid, Section 8, disability).

Part I. Personal Information			
<b>Last Name:</b>		<b>First Name:</b>	<b>Other Names Used: (Alias, Maiden or known name.)</b>
<b>Case Number(s):</b>		<b>DOB:</b>	<b>E-Mail Address:</b>
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>
<b>Driver's License Number:</b>		<b>State:</b>	<b>ID Number:</b>
<b>Employer's (Business) Name:</b>		<b>Employer's Phone Number:</b>	
<b>Employer's Address:</b>		<b>City:</b>	<b>State:</b>

**\*I swear that the statements made here are within my personal knowledge and are true and correct.**

\_\_\_\_\_  
Signature of Defendant

**Part II. Additional Information Required**

<b>Name (from page 1)</b>	<b>Social Security Number:</b>
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**Other People Living in Your Household:**

<b>1. Name</b>	<u>Age</u>	<u>Relationship</u>	<b>2. Name</b>	<u>Age</u>	<u>Relationship</u>
<b>3. Name</b>	<u>Age</u>	<u>Relationship</u>	<b>4. Name</b>	<u>Age</u>	<u>Relationship</u>

**A. Monthly Income / Employment Information**

Type of Income	Self	Spouse	Household Member	Total
Employment (Gross)				0
Unemployment				0
Worker's Comp				0
Pension				0
Social Security				0
Child &/or Spousal Support (Received)				0
Works First/ TANF				0
Disability				0
Other _____				0
Employer's Business Name (Spouse)	Address:		Phone:	
Employer's Business Name (for all other household members)	Address:		Phone:	

**Subtotal A:** \$ 0

**B. Expenses**

Type of Expense	Amount	Type of Expense	Amount
Child &/or Spousal Support Paid Out		Insurance	
Child Care (if working only)		Medical/Dental	
Transportation for Work (car payment)		Medical & Associated Costs of Caring for Sick Family Members	

**Subtotal B:** 0

**C. Total Income**  
*Total Monthly Income (A) – Total Allowable Expense (B) = Total Income (C)*

<b>Subtotal A:</b>	
<b>Subtotal B:</b>	
<b>Grand Total C:</b>	

**D. Asset Information**

<b>Type of Asset:</b>	<b>Describe Length of Ownership/ Make, Model, Year</b>	<b>Estimated Value:</b>
<i>Checking Acct. (Bank Name)</i>		
<i>Savings Acct. (Bank Name)</i>		
<i>Cash on Hand</i>		
<i>Money Owed to Applicant</i>		
<i>Vehicles</i>		
<i>Trucks/Boats/Motorcycles</i>		
<i>Real Estate</i>		
<i>Stock/Bonds/CD's</i>		
<i>Other Valuable Property (describe)</i>		
<b>Grand Total D:</b>		<b>\$</b>

**E. Other Expenses**

**Grand Totals**

<b>Type of Liability</b>	<b>Amount</b>	<b>Type of Liability</b>	<b>Amount</b>
<i>Rent/ Mortgage</i>		<i>Cable</i>	
<i>Food</i>		<i>Water/Sewer/ Trash</i>	
<i>Electric</i>		<i>Credit Cards</i>	
<i>Gas</i>		<i>Loans</i>	
<i>Fuel</i>		<i>Taxes Owed</i>	
<i>Telephone</i>		<i>Other</i>	
<b>Grand Total E:</b>			<b>\$</b>

**\*I swear that the statements made here are within my personal knowledge and are true and correct.**

\_\_\_\_\_  
**Signature of Defendant**



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**Judicial Review**

\_\_\_The court finds the defendant is unable to pay the fine and court costs assessed in the above cases(s) due to indigence.

\_\_\_The Court finds that based upon information provided, the Defendant is not indigent.

**SO ORDERED,** \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge  
Municipal Court Portland, Texas

\_\_\_\_\_  
Deputy Court Clerk Signature

Review Date: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Please check all that apply:

\_\_\_Clerk completed form on behalf of customer who was unable to complete the form in writing.

\_\_\_Clerk obtained information from customer via phone.