



Chandler Municipal Court

Address: 811 Hwy 31 E, Chandler, TX 75758

Mailing: P O Box 425, Chandler, TX 75758

Phone: (903)849-6853

Fax: (903)849-4663

FINANCIAL DISCLOSURE/AFFIDAVIT OF PAYMENT PLAN

____ 1. I am able to pay in full and/or meet the standard monthly payment requirement but need an extension to pay.

(Complete only page 1 & sign and date below if #1 selected.)

____ 2. **A payment plan:** I am able to pay \$_____ per month starting on (date) _____. **(Complete full application.)**

Note Application must be signed and dated or it will not be accepted

Choose one: ☐ Pick up ☐ Mail ☐ Email

Part 1. Personal Information

Last Name:		First Name:		Other Names Used: alias, maiden, known name)	
Citation Number (s):		DOB:		E-Mail Address:	
Mailing Address:		City:		State:	Zip:
Residence Address: (if different from above)		Contact Phone Number:			Type: ____ Cell ____ Home ____ Work
Driver License Number:		State:	ID Number:		
			State:		
Employer's (Business) Name:			Employer's Phone Number:		
Employer's Address:			City:	State:	Zip:
1 st Reference Name:			Relationship to You:		Reference Phone Number:
2 nd Reference Name:			Relationship to You:		

***I hereby enter my appearance, waive my right to a jury trial and enter a plea of No Contest. I swear that the statements made here are within my personal knowledge and are true and correct.**

Signature of Defendant

Date

Printed Name of Defendant

Part II. Additional Information Required					
Name (from page 1):			Social Security Number:		
Other People Living in Your Household:					
1. Name:	Age:	Relationship:	2. Name:	Age:	Relationship:
3. Name:	Age:	Relationship:	4. Name	Age:	Relationship:
Monthly Income / Employment Information					
Type of Income	Self	Spouse	Household Member	Total	
Employment (Gross)					
Unemployment					
Worker's Comp					
Pension					
Social Security					
Child &/or Spousal Support(Received)					
Works First/TANF					
Disability					
Other _____					
Employer's (Business) Name (Spouse)					
Employer's (Business) Name (for all other household members)					
Subtotal A:				\$	
Other People Living in Your Household					
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:			\$		

C. Total Income			
Total Monthly Income (A) Total Allowable Expense (B) = Total Income (C)			
Subtotal A:			
Subtotal B:			
Grand Total; C”			
D. Asset Information			
Type of Asset:	Describe Length of Ownership/Make, Model, Year	Estimated Value:	
<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>Stocks/Bonds/CD's</i>			
Grand Total D:			
E. Other Expenses		Grand Totals	
Type of Liability	Amount	Type of Liability	Amount
<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>	
Grand Total E:			

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

Signature of Defendant

Date



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For Internal Use Only

Judicial Review

_____ The Court finds the defendant is unable to pay the fine and court costs assessed in the above case(s) due to indigence.

_____ The Court finds that based upon information provided, the Defendant is not indigent.

SO ORDERED, this _____ day of _____, 2021.

Judge

Chandler Municipal Court

Deputy Clerk Clerk

Review Date:_____ Citation # (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.