

# HURST MUNICIPAL COURT

## COMMUNITY SERVICE / REDUCTION IN MONTHLY PAYMENT APPLICATION

If you believe that you are indigent, and you wish to request community service or a reduction of your monthly payment, you must complete this form and submit it to the court 2 days prior to your court appearance date if you have a court setting. If a particular question does not apply to you or your situation, please write "NA". **DO NOT LEAVE ANY BLANKS. FAILURE TO PROPERLY COMPLETE THIS FORM AND SUBMIT IT BY THE DEADLINE WILL RESULT IN YOUR REQUEST FOR COMMUNITY SERVICE BEING DENIED. PLEASE PRINT LEGIBLY.**

I am requesting:  Community Service or  Reduction in Monthly Payment----Please check your primary preference

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Nickname, Maiden, AKA \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: Male/Female Marital: Single / Married How many children under 18 yrs do you have? \_\_\_\_\_

Address (Not a P.O. Box) \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other Number to Reach You \_\_\_\_\_  
 Do you have a job:  No  Yes---Employer Name and Address \_\_\_\_\_

Length of time at this job: \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_ /per week Highest level of education completed: \_\_\_\_\_

Next Pay Day \_\_\_\_/\_\_\_\_/\_\_\_\_ (If your pay varies, please list your average weekly pay over the last four weeks.)

Are you a student:  No  Yes---Name of School and number of hours you attend per week: \_\_\_\_\_

**Spouse/Partner Information:**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your spouse/partner have a job:  No  Yes---Employer Name \_\_\_\_\_

Length of time at this job: \_\_\_\_\_ Take Home Pay \$ \_\_\_\_\_ /per week Highest level of education completed: \_\_\_\_\_

**Other Financial Information:**

Do you pay for your housing?  No  Yes—how much per month? \$ \_\_\_\_\_ and do you  own or  rent?

Do you have a bank account(s)?  No  Yes—what is the total in all your bank accounts combined? \$ \_\_\_\_\_

Do you have a credit card(s)?  No  Yes—how much credit is available to you? \$ \_\_\_\_\_

Do you have access to a car?  No  Yes—what is the make and year model? \_\_\_\_\_

Do you have a retirement plan or account?  No  Yes—what is the total value? \$ \_\_\_\_\_

Do you receive other income?  No  Yes---Please list the monthly amount received: Family\$ \_\_\_\_\_

Welfare \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

**Expenses: Please list the monthly amount YOU pay, if any, for the expenses listed below:**

Auto Payment \$ \_\_\_\_\_ Childcare \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Home Phone \$ \_\_\_\_\_ Cell Phone \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Cable/Internet \$ \_\_\_\_\_

List any other pertinent information (who supports you, who pays for your food/housing if you do not, etc. \_\_\_\_\_)

**Acknowledgment and Declaration:** Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Hurst Municipal Court, its employees or agents to conduct a complete and through investigation of my statement. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. It is with this understanding and acknowledgement that I formally request community service as payment of fines, court costs and fees now due and payable to the Hurst Municipal Court. I understand that failure to properly complete this form will result in my request for community service being denied.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Defendant's Signature

\_\_\_\_\_ Approved for Community Service      \_\_\_\_\_ Approved for \_\_\_\_\_% reduction in monthly payment      \_\_\_\_\_ Not eligible