

# IMPORTANT

## READ BEFORE FILLING OUT FINANCIAL STATEMENT

- Write legibly.
- Fill out completely, if any section does not apply, put "N/A".
- Your list of expenses are the ones that you CURRENTLY pay. If you are behind on some bills, you may list them in the side column but NOT as an expense being paid. Your expenses that you pay cannot exceed your income.
- Include your paystubs and income for ALL household members that contribute.
- Make sure to include any outside assistance you receive (from church or family or other) and the amount you receive.
- Make sure that you sign in front of a notary and have their seal stamped on your form or you may bring into the court and sign in front of the court clerk.
- Please ensure that the court has your current mailing address. It is your responsibility to ensure the court has your correct mailing address.
- Return this form by: APPEARANCE DATE OR CONTACT COURT FOR DUE DATE

# Marble Falls Municipal Court Financial Information Form

Failure to properly complete this application truthfully and IN FULL will result in you being denied your request for an extended payment plan, community service or indigency and will require that you pay balance in full or return to the court to start process over again.

You are required to legibly complete this form and have your driver's license or ID card ready to present.

**DO NOT LEAVE ANY BLANKS**

### PERSONAL INFORMATION

Name			Telephone Number	
Mailing Address		City	State	Zip
Social Security # _ _ - _ -	Driver's License #	State	ID # (only if no DL)	State
Marital Status (Circle One)	Married	Single	Divorced	Widowed

### OTHER PERSONS IN HOUSEHOLD

Name	DOB	Relationship	Name	DOB	Relationship
1)			4)		
2)			5)		
3)			6)		

### MONTHLY INCOME / EMPLOYMENT INFORMATION

TYPE OF INCOME	Defendant	Spouse or Parent	Household Members	Total
Employment				
Unemployment				
SSI/SSDI				
AFDC				
Alimony				
Child Support				
Food Stamps				
OTHER: (Specify) (trust fund, royalties, settlements, allowance, scholarships, gifts, investments, etc)				

Employer's Name		
Employer's City		
Employer's Phone #		

### MONTHLY LIABILITIES & EXPENSES

Type of Expense	Monthly Amount		
Rent / Mortgage			
Utilities (Elect, Gas, Water)			
Transportation (Insurance, gas & maint.)			
Clothes / Food			
Day Care / Child Care			
Medical Expenses			
Telephone / Cable TV / Internet			
Court-ordered Payments			
Child Support			
Other (Specify)			
<b>TOTAL</b>			

EXTRA EXPENSES

Loans	Total Amount Owed	Monthly Pmt
Credit Cards	Total Amount Owed	Monthly Pmt
Total Extra Expenses		

FOR COURT USE ONLY

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TME	-	
TEE	-	
NET (CANNOT BE NEGATIVE AMOUNT, EXPENSES PAID CANNOT EXCEED INCOME)		

Your initials by each of the following statements indicates that you have read the statement, understand and AGREE to EACH:

\_\_\_\_\_ I am responsible to notify this court of any changes to my address or telephone number.

\_\_\_\_\_ I understand that failure to make my payments may result in the issuance of a Capias Pro Fine warrant with additional fees.

\_\_\_\_\_ I understand that submitting FALSE 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 understand that all information on this form may be verified by the Marble Falls Municipal Court.

I hereby certify that the information I have provided on this financial disclosure is true to the best of my knowledge.

SWORN BEFORE NOTARY OR COURT STAFF ONLY

\_\_\_\_\_  
Signature Date

Sworn and subscribed before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Notary Public of State of Texas: \_\_\_\_\_

(Notary Seal) or \_\_\_\_\_

(Judge) (Clerk) – ONLY IN PERSON