

COLLEYVILLE
KELLER
MUNICIPAL
COURTS

COLLEYVILLE & KELLER MUNICIPAL COURTS
5201 RIVERWALK DRIVE
COLLEYVILLE, TEXAS 76012
Phone: 817-503-1300

COLLEYVILLE AND KELLER INDIGENT APPLICATION & AFFIDAVIT

To submit an application, fill out the attached forms and submit them along with all documentation requested. **You must provide your own copies** of the documentation. If you have any questions, you may call us at (817) 503-1300. Applications may be picked up in our office from 8:00 AM – 5:00 PM, Monday through Friday, or downloaded from our website www.colleyville.com/government/municipal-court. Completed applications may be returned to us by mail or delivered in person. A court clerk can serve as a notary for your signature.

Once a completed application is received, a decision regarding your eligibility will be made *within 14 business days*. Our office will notify you by mail of the decision. We ask that you wait to call our office regarding your application until the 14 business day period has passed. **If your application is submitted and it is incomplete, it will be returned to you by mail with a request for additional information.** We will not review incomplete applications for eligibility.

After turning in a completed application, you must report any household changes within 14 business days of the change. Examples of changes that require reporting are: address, income, employment, resources, number of people living in the home, and any information from other assistance program(s).

Indigent Application Required Documentation Checklist

You must provide your own copies. All pages/documentation must be completed. You may be asked to provide more information during the application review process.

Name: _____

Date: ____/____/____

Marital Status

- Married Single (never married) Widowed Separated
 N/A Divorced
 N/A Child Support Court Order

Supporting Documents

- N/A **All checking account statements** (Applicant/Spouse: Individual/Joint: for past 90 days)
 N/A **All savings account statements** (Applicant/Spouse: Individual/Joint: for past 90 days)
 N/A **Paycheck stubs or Employer Earnings Statements** (past 90 days Applicant Spouse)
 N/A **Federal Income Tax Return** (current year, including if claimed as dependent(s) on another person's tax return)
 N/A **Unemployment compensation award or denial letter** (Applicant Spouse)
 N/A **Proof of registration from the Texas Workforce Commission** (if unemployed; 60 years of age and under)
 N/A **Workers compensation award or denial letter** (Applicant Spouse)
 N/A **Social Security award/denial letter OR proof of SSI filing** (if unemployed Applicant Spouse)
 N/A **Verification of benefits** Adult Medicaid TANF Food Stamps (award/denial letter OR proof of filing)
 N/A **Verification of benefits from Children's Medicaid** (for anyone in your immediate household)
 N/A **Verification of Veterans Benefits** (Applicant Spouse)
 N/A **Automobile registration/title** (if the vehicle(s) is in Applicant/Spouse name)
 N/A **Current balance owed on vehicle(s)**, if vehicle(s) is not paid off (if vehicle(s) is in Applicant/Spouse name)
 N/A **Verification of any Retirement Plans, Payments, or Funds** (if not in English, must be translated & notarized)
 N/A **Verification of residence** Lease agreement Mortgage info. Tax assessor info.
 N/A **Current mail** (addressed to you at your physical address, no older than 30 days from current application date)
 N/A **Texas Drivers License or Texas Identification Card** (Applicant only - must show current address)

FOR OFFICE USE ONLY / PARA USO DE LA OFICINA

Status <input type="checkbox"/> Application <input type="checkbox"/> Review	Date Form Issued	Date Form is Received	Case Record Number	Hearing Date and Time, if applicable
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APPLICATION FOR INDIGENCY

Name (Last, First, Middle)/Nombre (Apellido, primer, segundo)		Home Telephone No./Teléfono de la casa	Other Telephone No./Otro número de teléfono	
Have you ever used another name? If so, list other names you have used./¿Ha usado alguna vez otro nombre? Si es el caso, enumere los nombres que ha usado. <input type="checkbox"/> Yes/Sí <input type="checkbox"/> No				
Mailing Address (Street or P.O. Box)/Dirección Postal (Calle o Apdo.)	Apt.# /Apto.#	City/Ciudad	State/Estado	ZIP
Home Address, if different from above. If it is rural, give directions. / Domicilio particular, si es diferente a la dirección de arriba. Si es rural, explique cómo llegar.				

1. On the chart below, fill in the first line with information about yourself. Fill in the remaining lines for everyone who lives in the house with you, whether or not you consider them household members. / En la tabla a continuación, llene la primera línea con información acerca de usted mismo. Llene las líneas restantes acerca de todos que viven en la casa con usted, los considere miembros de la unidad familiar o no.

Name (Last, First, Middle) Nombre (Apellido, primero, segundo)	Sex Sexo Male/ Female Hombre/ Mujer	Date of Birth Fecha de nacimiento	What Relation to you? ¿Parentesco con usted?
			MYSELF Yo mismo

The word "household" refers to: you, your spouse, and anyone else that lives with you and with whom you have a legal relationship. You do not need to include information on people who live with you but are not part of your "household." Las palabras "unidad familiar" se refiere a: usted, su esposo o esposa, y cualquier otra persona que vive con usted y con quien tiene una relación legal. No necesita incluir información de las personas quienes viven con usted que no son parte de su "unidad familiar."

2. What is your household's county and state of residence (where you make your permanent home)?

¿En qué condado y en qué estado viven (tienen su hogar permanente) usted y las personas de la unidad familiar?

County/Condado _____ State/Estado _____

3. Living Arrangements/Vivienda

Check all boxes that apply to your household./Marque todas las cajitas que se apliquen a su caso.

- Own or paying for home Live in a house provided by someone else No permanent residence
 Soy dueño de mi casa o la estoy comprando Vivo en una casa ajena No tengo residencia permanente

- Live with someone else Vivo con otra persona Rent House/Apartment

Rento una casa o
apartamento

Jail
Cárcel



4. **List your average monthly household expenses.** Enumere los gastos mensuales de la unidad familiar.

Rent/Mortgage/Renta/hipoteca..... \$ _____

Utilities (gas, water, electric)/Servicios públicos (gas, agua, luz)\$ _____

Telephone/Teléfono \$ _____

Transportation, such as gas, car payments, bus/Transportación, tal como gasolina, pagos del carro, autobús \$ _____

Tax and Insurance on home per year/Impuesto y seguro anual de la casa\$ _____

Other/Otro..... \$ _____

Other/Otro..... \$ _____

Other/Otro..... \$ _____

Does anyone pay these household expenses for you?

¿Hay otra persona que paga estos gastos de la unidad familiar por usted? Yes/Sí No

If Yes, who?/Si contesta "Sí," ¿quién? _____

5. **Are you – or is anyone in your household – receiving** TANF Food Stamp Medicaid benefits?

¿Está usted o alguien de la unidad familiar recibiendo beneficios de TANF, estampillas para comida, y/o Medicaid? Yes/Sí No

If Yes, who?/Si contesta "Sí," ¿quién? _____

6. **Are you – or is anyone in your household – pregnant?**

¿Está usted o alguien de la unidad familiar embarazada?..... Yes/Sí No **If Yes, who?**
Si contesta "Sí," ¿quién? _____

7. **Are you – or is anyone in your household – disabled?**

¿Está usted o alguien de la unidad familiar incapacitada?..... Yes/Sí No **If Yes, who?**
Si contesta "Sí," ¿quién? _____

8. **Have you – or has anyone in your household – applied for SSI or SSDI?**

¿Alguna vez usted o alguien de la unidad familiar solicitó beneficios de SSI o SSDI?..... Yes/Sí No

If Yes, who applied and when?

Si contesta "Sí," quién los solicitó y cuando? _____

9. **Do you – or does anyone in your household – have unpaid health care bills from the last three months?**

¿Tiene usted o alguien de la unidad familiar cuentas médicas sin pagar de los últimos tres meses? Yes/Sí No

If Yes, which months?

Si contesta "Sí," ¿Cuáles meses? _____

10. **Do you – or does anyone in your household – have health care coverage (Medicare, health insurance, V. A., Tricare, etc.)?**

¿Tiene usted o alguien de la unidad familiar la cobertura médica (Medicare, seguro médico, V. A., Tricare, etc.)? Yes/Sí No

If Yes, who?/Si contesta "Sí," ¿quién? _____

11. **How much money do you have? For example, on your person, in your home, in bank accounts, or other locations?**

¿Cuánto dinero tiene usted; por ejemplo, en el bolsillo, en la casa, en las cuentas bancarias, o en otros lugares?

12. **How many cars, trucks, or other vehicles do you – and anyone in your household – have? List the year, make, and model in the chart below.**

¿Cuántos carros, camionetas u otros vehiculos tienen usted y las personas de la unidad familiar? Anote el año, la marca, y el modelo en la tabla a continuación.

		Year/Año	Make and Model/Marca y Modelo		Year/Año
1.	3.				
2.	4.				

13. **Do you – or does anyone in your household – own or pay for a home, lot, land, or other things?**

¿Tiene o paga usted o alguien de la unidad familiar una casa, un lote, un terreno, u otros bienes? Yes/Sí No

14. **Did you – or did anyone in your household – sell, trade, or give away any cash or property during the last three months?**

Durante los últimos tres meses, ¿traspasó, vendió o regaló usted o alguien de la unidad familiar dinero o alguna propiedad? Yes/Sí No

..... Yes/Sí No

15. **Have you – or has anyone in your household – worked in the last three months?**

¿Ha trabajado usted o alguien de la unidad familiar en los últimos tres meses?..... Yes/Sí No **If Yes, who?**
Si contesta "Sí," ¿quien? _____

16. List all of your household's income below. Be sure to include the following: Government checks; money from training or work; money you collect from charging room and board; cash gifts, loans, or contributions from parents, relatives, friends, and others; sponsor's income; school grants or loans; child support; and unemployment. Haga una lista de los ingresos de la unidad familiar a continuación. Asegúrese de anotar: Cheques del gobierno; ingresos de trabajo o de capacitación; dinero que recibe de cobros de cuarto y comida; regalos en efectivo, préstamos, o aportaciones de sus padres, familiares, amigos, y otras personas; los ingresos del patrocinador; becas o préstamos de la escuela; manutención de niños, o pagos por desempleo.

Name of person receiving money Nombre de la persona que recibe el dinero	Name of agency, person, or employer who provides the money Nombre del patrón, la persona o la agencia que paga el dinero	Amount received Cantidad recibida	How often received? (daily, weekly, every two weeks, twice a month, monthly?) ¿Con qué frecuencia lo recibe? (¿diariamente, por semana, cada quincena, dos veces al mes, una vez al mes?)

The statements I have made, including my answers to all questions, are true and correct to the best of my knowledge and belief.

I agree to give eligibility staff and the court any information necessary to prove statements about my eligibility.

I agree to report any of the following changes within 14 days:

- Income
- Resources
- Number of people who live with me
- Address
- Application for or receipt of SSI, TANF, or Medicaid

I have been told and understand that this application will be considered without regard to race, color, religion, creed, national origin, age, sex, disability, or political belief.

A mi leal saber y entender, las declaraciones que he hecho, y mis respuestas a todas las preguntas, son verdaderas y correctas.

Me comprometo a dar al personal que verifica la elegibilidad y al condado toda la información necesaria para comprobar mis declaraciones sobre la elegibilidad.

Me comprometo a avisar, dentro de los 14 días, de cualquier cambio de:

- Ingresos
- Recursos
- Número de personas que viven conmigo
- Dirección
- Solicitud de SSI, TANF, o Medicaid o la entrega de cualquiera de estas.

Me han dicho y comprendo que esta solicitud será considerada sin discriminación por raza, color, religión, credo, origen nacional, edad, sexo, discapacidad, ni afiliación política.

BEFORE YOU SIGN, BE SURE EACH ANSWER IS COMPLETE AND CORRECT.
ANTES DE FIRMAR, ASEGÚRESE DE QUE CADA RESPUESTA SEA COMPLETA Y CORRECTA.

Signature – Applicant / Firma – Solicitante Date / Fecha Signature – Spouse / Firma – Esposo o Esposa Date / Fecha

If the applicant is married and his/her spouse is a household member, the spouse **may** also sign and date this Form even if the spouse is a disqualified household member. Si el/la solicitante está casado/a y su esposo o esposa vive en la misma casa, **el cónyuge también puede firmar** que su esposo o esposa también firme esta Forma, aunque no tenga derecho de recibir asistencia.

Signature - Person Who Helped Complete This Application / Date Signature - Applicant's Representative / Date Signature – Witness (if signed with "X") / Date
Firma - Persona que ayudó a llenar esta solicitud / Fecha Firma – Representante del solicitante / Fecha Firma – Testigo (si firma con "X") / Fecha

Address (Street, City, State, ZIP) and telephone number of anyone who helped complete this Form /Dirección (Calle, Ciudad, Estado, ZIP) y teléfono de la persona que ayudó a llenar esta Forma

COLLEYVILLE & KELLER
MUNICIPAL COURTS

This form is required to be completed and notarized.

Applicant-Affidavit of Assets, Income and Resources

This affidavit is made by me _____ for the
(Applicant - Print Name)

purpose of informing the Colleyville & Keller Municipal Courts that I do have access to the assets, income or resources listed below, either in the United States or any foreign countries.

Please check the items that you do have access to:

- | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Ownership of any property in the U.S. | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Ownership of any property in foreign countries | <input type="checkbox"/> U.S. banking accounts (checking, savings, IRA, etc.) |
| <input type="checkbox"/> Businesses in the U.S. or foreign countries | <input type="checkbox"/> Foreign banking accounts (checking, savings, IRA, etc.) |
| <input type="checkbox"/> Retirement plans or payments in the US or foreign countries | <input type="checkbox"/> Medical benefits in the U.S. or foreign countries |

I swear (affirm) that the contents of this affidavit signed by me are true and correct.

Applicant (Print Name)

Applicant Signature

Date

Subscribed and sworn to (affirmed) before me this _____ day of _____, _____
(Day) (Month) (Year)

at _____, Notary Public in and for the State of Texas.
(Place of Notary)

My commission expires on _____.
(MM/DD/YY)

Notary Signature

(seal) Notary must sign and stamp this page.

COLLEYVILLE & KELLER
MUNICIPAL COURTS

This form is required to be completed and notarized.

Spouse - Affidavit of Assets, Income and Resources

This affidavit is made by me _____ for the
(Spouse - Print Name)

purpose of informing the Colleyville & Keller Municipal Courts that I do have access to the assets, income and/or resources listed below, either in the United States or any foreign countries.

Please check the items that you do have access to:

- | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Ownership of any property in the U.S. | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Ownership of any property in foreign countries | <input type="checkbox"/> U.S. bank accounts (checking, savings, IRA, etc.) |
| <input type="checkbox"/> Businesses in the U.S. or foreign countries | <input type="checkbox"/> Foreign bank accounts (checking, savings, IRA, etc.) |
| <input type="checkbox"/> Retirement plans or payments in the US or foreign countries | <input type="checkbox"/> Medical benefits in the U.S. or foreign countries |

I swear (affirm) that the contents of this affidavit signed by me are true and correct.

Spouse (Print Name)

Spouse Signature

Date

Subscribed and sworn to (affirmed) before me this _____ day of _____, _____
(Day) (Month) (Year)

at _____, Notary Public in and for the State of Texas.
(Place of Notary)

My commission expires on _____.
(MM/DD/YY)

Notary Signature

(seal) The notary must sign and stamp this page.

CITATION/CASE NO. _____

IN THE MUNICIPAL COURT
COLLEYVILLE
KELLER

STATE OF TEXAS
VS.

§

§

§

(PRINT NAME)

TARRANT COUNTY, TEXAS

INDIGENT APPLICANT REQUEST FOR DEFERRED DISPOSITION OR DRIVER SAFETY COURSE

To the Honorable Judge of Said Court:

The Defendant requests the Court to defer proceedings in this case and place Defendant on Deferred Disposition/DSC for a period of **90 days** to dismiss this violation.

I request taking a Driver's Safety Course . I understand certification of completion is due to the court within the 90 days. I also understand I must submit a copy of my driving record.

I request deferred disposition. I understand I cannot receive any citations within the 90 day period.

- I am entering a plea of Guilty/Nolo Contendre to this traffic violation;
- I am waiving my right to a trial by judge or jury;
- I affirm that I do not possess a Commercial Driver's License;
- I agree to immediately pay the special expense fee and court costs for this case;

I agree that during the term of my probation, I will not be convicted of any moving or similar

- traffic offenses.

I understand that: (1) The Court will review my request and notify me by mail when I have been approved for Deferred Disposition or Driver Safety Course; (2) If I comply with all the terms of my probation, the charge against me will be dismissed;(3) If I fail to comply with all the terms, the Court will require my appearance at a show cause hearing; and (4) If I fail to appear at the show cause hearing the Court will impose the fine, report the charge as a conviction, and issue a warrant for my arrest.

Defendant's Name (Please Print)

Defendant's Signature

Address: _____ + Phone: _____

COURT USE ONLY:

The Judge (accepts) (does not accept) Defendant's plea.

The Judge finds Defendant is (indigent) (is not indigent).

The Judge (grants) (denies) Defendant's motion for deferred disposition or DSC.

JUDGE PRESIDING DATE

