

Westlake Municipal Court Statement of Inability to Afford Payment of Fine/Court Costs

If you believe that you may be indigent, you must complete this form and submit it to the Court. If a particular question does not apply to you or your situation, please write "NA." Do not leave any blanks. Failure to complete this form in its entirety will result in the denial of this request. Please print legibly. **PLEASE FORWARD SUPPORTING FINANCIAL DOCUMENTATION ALONG WITH YOUR REQUEST TO PROVE YOUR CURRENT SITUATION.**

Applicant Information					
Full Name:					Date of Birth:
	Last	First		M.I.	
Address:					
	Street Address			Apartment/Unit #	
	City			State	ZIP Code
Phone:			Email		

Education/Employer					
Are you a student?	YES	NO	Name of School:	Hours you attend per week:	
Highest level of education completed:					
Do you have a job?	YES	NO	Employer Name:		
Employer Address:					
Length of time at this job:				Take home pay per week:	

My Dependents		
Name	Age:	Relationship to me:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Financial Information					
My Property Includes:			My monthly expenses are:		
Total Cash:	\$		Rent/House Payment/Maintenance:	\$	
Bank Accounts & Other Assets: (List)	Amount below		Food and household Supplies:	\$	
1.	\$		Utilities and telephone:	\$	
2.	\$		Clothing and laundry:	\$	
3.	\$		Medical and dental expenses:	\$	
Vehicles: (cars, boats, etc) (List make and year)	Amount below		Insurance (Life, health, auto, etc.):	\$	
1.	\$		School and childcare:	\$	
2.	\$		Transportation, auto repair, gas:	\$	
3.	\$		Child/spousal support:	\$	
Other Property: (jewelry, stocks, etc.)(Describe below)	Amount below		Wages withheld by court order:	\$	
1.	\$		Debt payments paid to: (List)	Amount below	
2.	\$	1.		\$	
3.	\$	2.		\$	
Total Value of Property → \$			3.	\$	

Public Benefits							
I receive these public benefits/government entitlements that are based on indigence: (Check ALL boxes that apply & attach proof)							
Food Stamps/SNAP:	<input type="checkbox"/>	TANF:	<input type="checkbox"/>	Community Care via DADS:	<input type="checkbox"/>	Emergency Assistance:	<input type="checkbox"/>
SSI:	<input type="checkbox"/>	WIC:	<input type="checkbox"/>	Needs-based VA Pension:	<input type="checkbox"/>	County Assistance, County Health Care or General Assistance (GA): <input type="checkbox"/>	
CHIP:	<input type="checkbox"/>	AABD:	<input type="checkbox"/>	Low-Income Energy Assistance:	<input type="checkbox"/>		
Public Housing:	<input type="checkbox"/>	Medicaid:	<input type="checkbox"/>	LIS in Medicare ("Extra Help"):	<input type="checkbox"/>	Child Care Assistance under Child Care and Development Black Grant: <input type="checkbox"/>	
Other (Describe):	<input type="checkbox"/>						

Disclaimer and Signature

Acknowledgment and Declaration: Under penalty or perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Westlake Municipal Court, its employees or agents to conduct a complete and thorough investigation of my statement. It is with this understanding and acknowledgement that I formally request indigency as payment of fines, court costs and fees now due and payable to the Westlake Municipal Court. I understand that failure to properly complete this form will result in my request for indigency being denied. I also understand that if the Judge declares I am indigent, the offense(s) will be reported as a conviction to the Department of Public Safety and may appear on my driving record.

- I would like the Judge to review my request; or
- I would like an indigency hearing in open court to speak with the Judge regarding my indigency status

I hereby enter a plea of guilty/no contest and waive my right to a jury trial.

Defendant's Signature: _____ Date: _____

Above named declarant is indigent _____ is not indigent _____.

SIGNED AND ENTERED this _____ day of _____, 20_____.

Presiding Judge's Signature/Town of Westlake