

# Roman Forest Municipal Court

2430 Roman Forest Blvd.  
Roman Forest, TX 77357  
[court@cityofromanforest.org](mailto:court@cityofromanforest.org)



Phone (281) 399-7227  
Fax (281) 689-7573

## Financial Hardship/Indigent

If you are financially unable to pay a fine and/or court cost in full (one payment), there are other options, such as time-payment plans and performing community service hours instead of paying the fine and court costs. In certain situations, in which a person cannot perform community service and that person is financially unable (Indigent) to pay their fine and court cost on a time payment plan the Court will hear sworn testimony and look at evidence concerning your financial situation to help you resolve this matter. Under special circumstances, the judge can reduce the fine and court costs or eliminate them completely, depending on the severity of your financial situation. Community service options have been expanded by the Texas Legislature to include: (a) attending work and job skills training; (b) a preparatory class for high school equivalency exam; and (c) service at an educational institution. Should you have any questions regarding these options, please contact the Court.

The **Indigent Program** applies to individuals who are living at or below the federal poverty level, defined annually by the United States Department of Health and Human Services (see the following table).

### **If you think you qualify as Indigent and would like to request an Indigent Hearing**

First, complete the **INDIGENT HEARING REQUEST FORM**, and the 3 page **FINANCIAL AFFIDAVIT** in full and accurately. Next, submit the documents to the court to have a hearing scheduled.

### **Notification of hearing date**

Notice of the date, time, and location of the hearing will be sent to the address that you provide in the written request. It is your responsibility to maintain accurate contact and financial status information with the Court.

### **Supporting Documentation Required**

Supporting documentation is based on the financial affidavit you completed and must be brought with you to your scheduled hearing as proof of your financial standing. Bring copies to provide the Court. Examples: federal income tax return, statement of wages (pay stubs), disability pay, unemployment compensation, all government financial assistance (food stamps, WIC, Medicaid), affidavit from person claiming financial responsibility for you if you are not employed. Also, most recent utility bills and proof of rent/lease/house payment.

**NO EXCEPTIONS.** Failure to bring all documentation to your hearing **SHALL** result in your hearing being **DENIED**. You are expected to be prepared.

**\*\*\*\*\***Submitting false information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or imposition of a fine (Sect.37.10 P.C.)

**2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

**INDIGENT HEARING REQUEST**

Defendant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I request an INDIGENT HEARING on the following citations(s) and Offense(s) listed below.

Citation #	Offense	Amount
		\$
		\$
		\$
		\$

**I understand** I am required to complete in full the Roman Forest Municipal Court Financial Affidavit and provide it completed to the Judge at the hearing with ALL supporting documents.

**I understand** that a hearing will not take place if all required documentation is not brought to the scheduled Indigent Hearing.

**I understand** that a notice will be mailed to the address I provided above and **understand** that if this written request is not signed and/or is incomplete the request is automatically denied (no hearing will be scheduled).

**I understand** that if I am NOT fund indigent (individuals living at or below 125% of the federal poverty level) then I will be expected to make payment at the hearing.

Defendant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

NOTE\*\*\*\* If the cases(s) are in warrant status they will temporarily be recalled until case is brought before the Judge. Failure to appear in court to address the above case(s) will result in warrants being reactivated immediately.

**Return the signed request to:**

1. Roman Forest Municipal Court 2430 Roman Forest Blvd., Roman Forest, TX 77357
2. Fax: 1-(281) 689-7573, hand deliver to the court; or
3. scan and email to [court@cityofromanforest.org](mailto:court@cityofromanforest.org)

**FINANCIAL AFFIDAVIT – SWORN STATEMENT**

Your Name (First, Middle, Last)		
SSN#	Date of Birth:	Driver's License/ID #
Current Mailing Address:		
Home/Cell Telephone		Email Address:
Own Rent    Rent free	Marital Status (check one) Married <input type="checkbox"/> Single <input type="checkbox"/>	
If RENT, Landlord Name _____	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Telephone # _____		

**INITIAL ALL THAT APPLY**

THE Court has advised me that I am responsible for satisfying the judgment and sentence as ordered.

- \_\_\_\_\_ I assert that I am unable to pay the fine and cost immediately and that the following information is documentation that I have insufficient resources or income to pay today.
- \_\_\_\_\_ I request that the Court extend the payment to a later date and grant a time payment plan.
- \_\_\_\_\_ I request that I be allowed to discharge the fine and cost by performing community service, because I have no resources to pay and I am unable to pay the fine and cost. I claim indigent and request a hearing.
- \_\_\_\_\_ I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program. Name of Program(s) \_\_\_\_\_

<input type="checkbox"/> I AM UNEMPLOYED    How long unemployed: _____	
<input type="checkbox"/> I AM A FULL TIME STUDENT AND SUPPORTED BY – PARENT    LEGAL GUARDIAN    GRANTS    OTHER _____	
IF YOU ARE A STUDENT, THE FINANCIAL INFORMATION FOR THAT PARENT, GUARDIAN, OR OTHER PERSON WHO IS FINANCIALLY RESPONSIBLE FOR YOU IS TO BE COMPLETED BELOW.	
EMPLOYERS NAME	WORK TELEPHONE
EMPLOYERS ADDRESS	
YOUR TITLE/POSITION	FULLTIME/PART TIME    HR RATE    PAY SCHEDULE (WKLY/MONTHLY)

**My Dependents: The people who depend on me Financially are:**

NAME	AGE	RELATIONSHIP TO ME

My monthly take-home wages: \$ \_\_\_\_\_  
 The amount I receive each month in public benefits is: \$ \_\_\_\_\_  
 The amount of income from other people in my household is: \$ \_\_\_\_\_  
 The amount I receive each month from other sources is: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME IS:** \$ \_\_\_\_\_

**My Monthly Expenses Are:**

Home Mortgage payment, rent or lot rent for trailer:	\$
Credit cards:	\$
Utilities (electricity, water, gas, cell phone):	\$
Food and sundries (toiletries):	\$
Clothing:	\$
Laundry and Cleaning:	\$
Newspaper, periodicals, & books, including school books:	\$
Medical, dental, and drug expenses:	\$
Insurance (auto, life, medical, homeowners/renters):	\$
Transportation/gas, including auto payments:	\$
Taxes not deducted from wages or included in mortgage:	\$
Alimony or support payments:	\$
Cable/Satellite/Internet:	\$
Other Loans:	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**PUBLIC/Government/Other INCOME:**

Retirement/Pension \$	Dividends, Interest, Royalties \$
Alimony/Child Support \$ _____	2 <sup>nd</sup> Job or other Income ( <i>describe</i> )
Other Source of Support:	

I receive these public **benefits/government entitlements** that are based on indigency: (Bring copies as proof)

- WIC       TANF
- Food Stamps/SNAP \$ \_\_\_\_\_     Medicaid     CHIP     Needs-based VA Pension
- AABD     LIS in Medicare     County Assistance, County Health Care or General Assistance
- Public Housing     Social Security \$ \_\_\_\_\_     Low Income Energy Assistance
- Emergency Assistance     Child Care Assistance

**EVIDENCE OF INDIGENCE**

During your hearing, you will be asked to present applicable evidence below and testify regarding your financial status. The list of documents below is a comprehensive list of financial information which allows the judge to fully review your ability to pay.

**No copies will be duplicated or retained as a portion of your court record.**

<b>BRING ANY OF THE FOLLOWING DOCUMENTS TO YOUR HEARING:</b>
**It is important to provide the court with as much detail as possible regarding your ability to pay your fines/costs.
• Income tax return for year immediately preceding your court date
• Banking statements for the previous 3 months
• Pay stubs from the previous 3 months
• Proof of unemployment disposition and benefit, if any
• Proof of Social Security Income for any household member
• Proof of child support or nonpayment of child support
• Proof of utility expenses including electric, gas, water, telephone, garbage, cable, internet, etc.
• Proof of housing expense including mortgage payment of rental agreement
• Proof of vehicle lease, ownership or other expense related to transportation
• Proof of health insurance receipts and other relative medical information
• Proof of any governmental financial supplements and assistance including food, housing and Medicare subsidies

YOUR SIGNATURE FOR THE FOLLOWING STATEMENTS INDICATE THAT YOU HAVE READ EACH STATEMENT, UNDERSTAND IT AND AGREE TO IT.

I **promise** that until my fines have been paid in full, I will notify this Court in person or by first-class mail of any changes of my address or telephone number at the following address 2430 Roman Forest Blvd., Roman Forest, TX 77357 within 5 days of the change.

I **understand** that until my fines and court cost are paid in full I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

I **understand** that if I pay any part of the fine, cost, or restitution (if applicable) on or after the 31<sup>st</sup> day after the judgment is entered that I am responsible for paying a \$25-time payment fee (Sec. 1233.103, Local Gov't Code).

I also **understand** that cases that have an Omnibase hold (DPS to deny renewal of your driver's license) will not be lifted until all payments are made.

I **understand** that the Court **may** request documents and proof of each response that I provide herein.

I further **authorize** the City of Roman Forest, if found necessary, to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all information given.

I **understand** that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable and/or the imposition of a fine (Sec. 37.10, Penal Code)

**I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.**

(Do not sign until in the presence of a Notary Public or the Court Clerk)

**Defendants Signature:** \_\_\_\_\_

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

\_\_\_\_\_  
(Judge), (Clerk), (Notary for the State of Texas)