

WOODVILLE MUNICIPAL COURT

www.woodville-tx.gov

400 West Bluff Woodville, TX 75979

409-283-3255

fax 409-283-8412

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FINANCIAL AFFIDAVIT & CONTACT VERIFICATION

My Name is: _____ Date of Birth: _____

My complete mailing address: _____
 Address Street Apt.# City State Zip

Home Phone Number () _____ Work Phone Number () _____

Cell Phone Number () _____ Other Contact Number () _____

My Income Sources are stated below.

Unemployed since (date) _____ Student (FT) (PT) at _____

Employer: _____ Phone Number: _____

Employer Address: _____

Other Income (circle those that apply): Child/ Spousal Support, Spouse's Income, Worker's Comp, Disability, Unemployment, Social Security, Retirement

I receive these public benefits that are based on indigency (circle those that apply): SSI, WIC, TANF, Food Stamps/SNAP, Medicaid, CHIP, Housing

My monthly take-home wages: \$ _____

The amount I receive each month in public benefits: \$ _____

The amount of income from other people in my household is: \$ _____

The amount I receive each month from other sources is: \$ _____

My TOTAL monthly income is: \$ _____

My Dependents :People who depend on me financially:

Name (Age) Relationship to me

a. _____ () _____ b. _____ () _____
 c. _____ () _____ d. _____ () _____

My Monthly Expenses are:

Rent/ Housing Payments \$ _____
 Food/ Household Supplies \$ _____
 Utilities/ Water/ Electric \$ _____
 Internet/ Cable/ Dish \$ _____
 Home/ Mobile Phone \$ _____
 Vehicle Loan \$ _____
 Insurance (life, auto, home) \$ _____
 School/ Child Care \$ _____
 Child/ Spousal Support \$ _____
 Transportation/ Gas \$ _____
 Credit Cards \$ _____
 Other Loans \$ _____
 Medical \$ _____
 Other \$ _____
TOTAL MONTHLY EXPENSES \$ _____

I request that the court:

- _____ Extend payment to a later date.
- _____ Grant a time payment plan.
- _____ Allow me to perform community service, because I have no resources to pay my citation.
- _____ Reduce my current payment plan.

I assert that the statements made in this affidavit are true and correct. I understand that if I intentionally or knowingly give false information in this affidavit, I may be prosecuted for the offense of aggravated perjury, a felony punishable by imprisonment not to exceed 10 years and a fine not to exceed \$5,000.

Defendant Signature _____ Date _____