



City of Lancaster
MUNICIPAL COURT

220 W. Main Street * Lancaster, TX 75146 * 972.218.1338 *
www.lancaster-tx.com



INDIGENCY HEARING QUESTIONNAIRE

Personal Information:

Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ SS#: _____ DL# _____

Texas ID No: _____

Spouse's Name: _____ Do you and your spouse live together? _____

Do you have children living in your home? _____ If yes, how many? _____

What are the ages of the children: _____

Name, address, telephone number of relative not living with you: _____

Employment History:

Where do you work? _____

Work phone: _____ Name of Supervisor: _____

How long have worked at your current position? _____

What are your job duties? _____

If you are not working, why not? _____

List the names of three businesses where you have applied for work in the past three (3) months:

1.) _____

2.) _____

3.) _____

Are you paid – Weekly Bi-weekly Monthly

Where does your spouse work? _____

How long has your spouse worked at this job? _____

What is your spouse's position? _____

Is your spouse paid Weekly Bi-Weekly Monthly

Do any of your children work? _____ If so, where? _____

Income:

What is your Income? _____ Spouse's Income: _____

Children's Income? _____

Social Security Income? _____ Worker's Compensation Income? _____

Retirement Income? _____ Insurance Income? _____

AFDC _____ Food Stamps/TANF? _____

Assistance from Family members: _____

Social Services _____

Scholarships _____ School Financial Aid _____

Total Income: \$ _____

Expenses:

Rent/Mortgage: _____ Utilities: _____

Car Payment: _____ Car Insurance: _____

Medical Insurance: _____ Child Care: _____

Court Ordered Child Support _____ Other Court Ordered Payments: _____

IRS Tax Liens/Levies: _____

Other maintenance, gasoline, personal care items: _____

Total Expenses: \$ _____

Assets:

Do you own any of the following items, which are paid for?

Car _____	Value: _____
Truck _____	Value: _____
Boat _____	Value: _____
Jewelry _____	Value: _____
Television _____	Value: _____
VCR/DVD _____	Value: _____
Stereo _____	Value: _____
Tools _____	Value: _____

Furniture _____ Value: _____
Musical Instruments Value: _____
Antiques _____ Value: _____
Camping Equip Value: _____
Lawn Equip Value: _____
Real Estate Value: _____
Location: _____

PLEASE ATTACH ALL DOCUMENTATION OF FINANCIAL STATUS SUCH AS INCOME TAX RETURN, PAY STUBS, EVIDENCE OF FINANCIAL ASSISTANCE SUCH AS FOOD STAMPS, WIC, HUD VOUCHERS, MEDICAID, ETC.

Payment Proposal

Based on my current financial condition, I can pay \$ _____ per month on the _____ day of each month.

I hereby certify that all statements contained herein are true and correct to the best of my knowledge.

Defendant

Date

Approved by:

Judge

Date

