



City of Manor Municipal Court
105 E. Eggleston, PO Box 589, Manor, Texas 78653
Office: 512-272-8178 Fax: 512-272-8636

ATTENTION DEFENDANT:

To request an indigent hearing, please fully complete the attached documents (**do not leave anything blank**) and submit along with your proof of items listed on the application (example: rent – copy of rental agreement).

You may submit by one of the following options:

- 1) Email: court@manortx.gov
- 2) Mail: Po Box 589
Manor, TX 78653
- 3) Fax: 512-272-8636
- 4) Drive thru: 105 E. Eggleston St., Manor, TX 78653

If you have any questions, please contact the court at 512-272-8178

**DOCKET OF THE MUNICIPAL COURT
THE CITY OF MANOR, TRAVIS COUNTY, TEXAS**

STATE OF TEXAS	§	IN THE MUNICIPAL COURT
vs.	§	CITY OF MANOR
_____	§	TRAVIS COUNTY, TEXAS
DEFENDANT		

DEFENDANT'S MOTION TO REQUEST INDIGENCY HEARING

I request the Court to consider my financial situation to decide if I am indigent. "Indigent" means that I do not earn more than 125 percent of the income standard established by applicable federal poverty guidelines. If the Court found me indigent, I could not be jailed to pay the fine and costs (*defendant shall indicate their status with the chart below*).

*I currently have _____ # of persons in my family/household. _____ # currently hold jobs and contribute to the family/household income status.

FURTHERMORE, I am of sound mind and was 17 years old or older when I committed the offense.

I request the Court to schedule an indigent hearing within the next 30 to 60 days to hear my request for assistance in the disposition of my fine and costs.

With this request, I understand that I am responsible to completely fill out all documents provided to me by the Court and to answer any interview questions requested from the Court. I understand if I fail to turn in the required documents within the requested timeline that I forfeit my request for an Indigent Hearing and understand I will be responsible for all fine and court costs incurred, including if my case file should go into a warrant status, my case file be reported to Omnibase, and if my case file is forwarded to a collection agency.

The Court has not encouraged me to make this motion. I understand that I have been convicted of an offense punishable by the imposition of a monetary fine; not by a term of incarceration. I understand that if I am found indigent, a conviction(s) may be reported to the Department of Public Safety.

I have read this entire motion, I understand it, and I agree to sign it and present it to the Judge. I want the Judge to grant this motion and allow me an Indigent Hearing. This motion is made freely and voluntarily.

SIGNED AND ENTERED ON THIS _____ DAY OF _____, 20_____.

DEFENDANT SIGNATURE

DEFENDANT TELEPHONE NUMBER

MOTION GRANTED

MOTION DENIED

Person in Family/
Household

Poverty
Guideline

Judge, Manor Municipal Court
Travis County, Texas



2021	
Family Size	Federal Poverty Level
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660
For family units over 8	\$4,540 per year for each additional member.

STATE OF TEXAS

§ CAUSE NUMBER(S):

vs.

§
§

Defendant

Plea Form

I wish to enter a plea of (Deseo entrar en una declaración de):

Guilty/Culpable

I understand that I have a right to a jury trial. I do hereby plead guilty to the charge as alleged, waive my right to a jury trial or hearing by the court, and agree to pay the fine and costs the judge assesses. If I fail to present within the deferral period satisfactory evidence of compliance with the requirements imposed by the judge I will be set for a show cause hearing that may result in a conviction appearing on my criminal record or driver's license record.

Entiendo que tengo derecho a un juicio con jurado. Por la presente me declaro culpable del cargo que se alega, renuncio a mi derecho a un juicio por jurado o una audiencia en el tribunal, y acepto pagar la multa y los costos que el juez evalúa. Si no presento dentro del periodo de diferimiento, evidencia satisfactoria del cumplimiento de los requisitos impuestos por el juez, se me asignará una audiencia de causa justificada que puede dar lugar a una condena en mi registro de antecedentes penales o de licencia de conducir.

No Contest/Ninguna Competencia

I have been informed of my right to a jury trial and that my signature on this plea of No Contest (I am not contesting the charge as alleged) will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby plead No Contest to the charge as alleged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs the judge assesses. If I fail to present within the deferral period satisfactory evidence of compliance with the requirements imposed by the judge I will be set for a show cause hearing that may result in a conviction appearing on my criminal record or driver's license record.

Me han informado de mi derecho a un juicio con jurado y que mi firma en este motivo de Ninguna Competencia (Yo no estoy disputando el cargo como se alega) tendrá la misma fuerza y efecto que una declaración de culpabilidad en el fallo de la Corte. Por la presente declaro ninguna competencia al cargo como se alega, renuncio a mi derecho a un juicio por jurado o audiencia ante el Tribunal, y acepto pagar la multa y los costos que el juez evalúa. Si no presento una prueba satisfactoria del cumplimiento de los requisitos impuestos por el juez, se me presentará para una audiencia de causa justificada que podría dar lugar a una condena en mi registro penal o en el registro de la licencia de conducir.

I have read and understand my plea (He leído y entendido mi súplica).

Date (Fecha): _____

Defendant Signature (Firma del acusado): _____

Mailing Address (Dirección): _____

City (Ciudad): _____ State (Estado): _____

Zip (Codigo Postal): _____

Phone # (Numero): _____

Email (Correo Electrónico): _____

CAUSE NUMBER: _____

STATE OF TEXAS

vs.

DEFENDANT

§
§
§

IN THE MUNICIPAL COURT
OF THE CITY OF MANOR,
TRAVIS COUNTY, TEXAS

ALL DEFENDANTS unable to pay the ENTIRE FINE AND COURT COSTS WHEN SENTENCED ARE REQUIRED to CAREFULLY READ and ACKNOWLEDGE the following:

TODOS los DEFENDIENTES de capacidad de pagar LA MULTA COMPLETA Y LOS COSTOS de CORTE despues de la sentencia, NECESITARAN LEER completamente y RECONOCER lo siguiente:

I, the undersigned, acknowledge that until my fines and courts costs are paid in full, I agree to notify the Court of any changes in my personal financial situation that will likely interfere with my ability to pay the fine and court costs in the manner ordered by the Judge.

Yo, el infrascrito, reconozco que hasta que mis multas y el costo de corte son completamente pagados yo estoy de acuerdo en notificar a este juzgado de cualquier cambio en mi situacion financiera o personal que interfiera con mi capacidad de pagar la multa y costos de corte en la manera ordenada por el juez.

It is my responsibility to keep the Court informed of my ability to pay the fine and court costs. It is my responsibility to keep the Court informed in the event of financial hardship.

Es mi responsabilidad de informar a este juzgado de mi capacidad de pagar la multa y los costos de la corte. Es mi responsabilidad de informar a este juzgado en caso de dificultades economicas.

Depending on the situation, I understand that the Judge may be able to offer me other ways to pay or earn credit towards my fine and court costs. For the Judge to consider such circumstances, and to avoid the possibility of being arrested, I am required to provide timely and sufficient proof to the Court.

Dependiendo en la situacion, yo comprendo que el juez podra ofrecermme otras maneras de recibir or ganar credito hacia la multa y los costos de corte. Para que el juez considere la circunstancia, y para evitar la posibilidad de ser detenido, yo necesito proveer suficiente y oportunos pruebas a este juzgado.

Defendant's Signature/Signatura de Defendiente

Signature by Witness
(Court Clerk, Court Administrator, or Other Court Staff)



Judge, Municipal Court
City of Manor, Texas
Travis County

CITY OF MANOR MUNICIPAL COURT
Application and Financial Affidavit for Time Payment Plan

Please **COMPLETE ALL** information and print legibly. **DO NOT LEAVE ANY BLANKS.**

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Your residence is (Check One): Rented Owned Rent-Free
Email Address: _____ Telephone #: _____
Driver's License # or ID # and State: _____ Social Security #: _____
Marital Status (Check One): Married Single Divorced Widowed # of Dependents living with you: _____
Nearest Living Relative: _____ Relationship: _____ Phone #: _____

EMPLOYMENT INFORMATION:

Employer: _____ Job Title: _____
Salary: \$ _____ per _____ Employer's Telephone Number: _____
List the source and amount of any other income you receive: _____

SPOUSE AND DEPENDENTS INFORMATION:

Spouse's Name: _____
Spouse's Employer: _____ Spouse's Job Title: _____
Spouse's Salary: \$ _____ per _____ Spouse's Employer's Telephone Number: _____
List all your dependents, their ages, and their relationship to you: _____

ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

a. Home mortgage payment, rent, or lot rental for trailer:	\$ _____
b. Utilities (electricity, water, gas, telephone):	\$ _____
c. Food and sundries:	\$ _____
d. Medical, dental, and drug expenses:	\$ _____
e. Insurance (auto, life, medical, homeowners/rentors):	\$ _____
f. Transportation, including auto payments:	\$ _____
g. Alimony or support payments:	\$ _____
h. Other expenses (use reverse side if necessary):	\$ _____

LIST ALL OF YOUR CREDITORS (including credit cards) AND THE AMOUNT YOU OWE EACH (Use reverse side if necessary):

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

ACKNOWLEDGEMENT AND DECLARATION

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.

- _____ I promise that I will notify this Court in person or by first-class mail (mail to P.O. Box 589, Manor, TX 78653) of any changes of my address or telephone number within five (5) days of the change.
- _____ I understand that 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, costs, or restitution (if applicable) on or after the 31st day after judgment was entered that I am responsible for paying a \$25 time payment fee if citation is issued on or before 12/31/19, if citation was issued on or after 1/1/20 the Time Payment Reimbursement fee will be \$15 (Section 133.103, Local Government Code).
- _____ I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Section 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.

Defendant's Signature _____ **Date:** _____

GUIDE TO ACCEPTABLE RESPONSES AND DOCUMENTS FOR PAYMENT APPLICATION

This addendum is not legal advice and nor should it be construed as such. This addendum is to assist in the filling out of the Payment and Financial Affidavit Application. No Clerk can assist you in the filling out of this document. Blank spaces will be construed as "UNFINISHED" and will not be forwarded to the Judge until the document is completely filled out per the instructions. The Clerk of the Court may verify information and may need to contact you for clarification. Once this document is complete and accepted by the Clerk, the Clerk will forward to the Judge for a decision.

PERSONAL INFORMATION BOX:

- Do Not leave any blank spaces. If the information does not pertain to the section this write "N/A".
- You must put your Social Security Number on the form. This form is open to public records, however, Social Security Numbers, Driver's License Numbers, and other "confidential" information per law WILL NOT be released.
- Personal references MUST NOT live with you. You are required to submit an address and telephone number for these individuals or the form will be considered "unfinished."

EMPLOYMENT INFORMATION BOX:

- If you are currently unemployed, you MUST WRITE "unemployed" in the space provided AND supply the Court Clerk with either unemployment benefits OR a letter from the Texas Workforce Commission stating you are currently receiving benefits and the amount you are receiving or it must state you are not eligible for benefits. This includes your spouse.
- Must have a Supervisor's first and last name and the position you are currently working for you and your spouse.
- A Pay Stub from your work and your spouse's work are required.

INCOME/EXPENSES SUMMARY:

- Salary and Spouse's Salary – Proof is a Pay Stub.
- Welfare, Retirement, Social Security, SSI, SSDI, Medicaid, Food Stamps, & Disability – Proof of Benefits Letter with amount and benefits received (spouse included).
- Child Support/alimony – Attorney General letter/print out of benefits and/or Divorce Decree.
- Other Income – Bank interest charges, relatives/friends assistance, employer advancements, etc.
- Rent/Mortgage – Statement from Mortgage company or Lessor.
- Insurance (auto, life, vehicle, medical, rent, etc) – Statement from businesses or binders
- Automotive, utilities (gas, electric, water, etc), phone, cellular phone, internet, cable/satellite, prescriptions, etc. – Last three monthly bills,
- Contributions – Last three monthly statements
- Other – any other documents you would like the Judge to consider.

BANK INFORMATION:

- Must include both you and your spouse's financial information. Please include a telephone number.

CREDITOR INFORMATION:

- Must include both you and your spouse's information.
- If you currently pay on any student loans for you, your spouse, or children you must show proof. DO NOT bring in "grants"; these do not qualify.

THESE DOCUMENTS ARE TIME SENSITIVE. YOU MUST MEET THE DEADLINE IN ORDER TO COMPLY WITH THE TERMS OF THE REQUEST.