

You must fill out this form **COMPLETELY**. If a question does not apply, put NA in the space. Put an amount in every space which calls for an amount, even if that amount is \$0. **WARNING: Submitting false or incomplete information on this form is a crime (Tampering with Governmental Record, Penal Code 37.10). This offense is a felony.**

PAYMENT ABILITY FORM

Name: _____ Date of Birth: _____
First Middle Last

List all other names you have used: _____

Address: _____
No. Street APT# City State Zip Code

Your residence is (select one): Rented Owned Rent-Free (explain if rent-free: _____)

Your email address: _____ Telephone Number: _____
cell home

Personal Reference: _____ Relationship: _____ Phone Number: _____

Personal Reference: _____ Relationship: _____ Phone Number: _____

EMPLOYMENT

Employer	Job title
Address	Length of employment
Supervisor name and phone	Salary \$ _____ per Hours per week: _____
Do you work more than one job? <input type="checkbox"/> YES <input type="checkbox"/> NO	2 nd Employer Amount \$ _____ per
Do you work any jobs for cash? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of work Amount \$ _____ per

MARITAL STATUS

Select one: <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> partner
Spouse's name: _____ Spouse's phone number _____
Spouse's employer _____ Salary \$ _____ per _____

ADDITIONAL INCOME (other than employment income) that your **household** receives:

Source of income	Monthly amount	Source of income	Monthly amount
1. _____	\$ _____	3. _____	\$ _____
2. _____	\$ _____	4. _____	\$ _____

GOVERNMENT ASSISTANCE that your **household** receives:

Type of assistance	Monthly amount	Type of assistance	Monthly amount
1. _____	\$ _____	3. _____	\$ _____
2. _____	\$ _____	4. _____	\$ _____

NET INCOME PER MONTH, ALL SOURCES: \$ _____

List all persons residing in your household, their ages, and their relationship to you: _____

Do you share the bills with anyone residing in your household? YES NO IF YES, what bills do the others in your household pay? _____

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

- a. Rent, home mortgage payment, or lot rental for trailer\$ _____
- b. Utilities (electricity, water, gas, etc.)\$ _____
- c. Food and household supplies.....\$ _____
- d. Clothing, laundry and cleaning\$ _____
- e. Medical, dental, and prescription expenses\$ _____
- f. Insurance (auto, life, medical, homeowners/renters)\$ _____
- g. Transportation, including car payments and gasoline.....\$ _____
- h. Telephones, including cell phones\$ _____
- i. Alimony or child support payments.....\$ _____
- j. Other necessary expenses (list, and use reverse side if necessary):

Expense	Monthly amount	Expense	Monthly amount
	\$ _____		\$ _____
	\$ _____		\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

LIST ALL CREDITORS (including credit cards, loans, debts) (Use reverse side if necessary)

Name of Creditor	Total amount owed	Amount paid each month
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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

____ I promise that until my case has been fully and finally resolved, 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: in person at 201 S.E. Fourth Ave., Amarillo, Texas; or by mail at P.O. Box 1366, Amarillo, Texas 79105, within five (5) days of the change.

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

____ I understand that I am responsible for paying a \$15 time payment fee for each violation that is not fully paid within 30 days after judgment was entered.

____ 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. (Sec. 37.10, Penal Code.) I HEREBY STATE THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

____ I understand that I may speak to a Judge regarding my payment plan any time while court is in session. I understand that the Judge may consider any changes in my financial status. I further understand that the Judge may ask me to bring records to verify changes in my financial status and I agree to bring the documents requested. I understand that if I cannot make my payments, I must appear and speak to the Judge.

____ I understand that upon request I will be given additional copies of documents that I have signed regarding my case.

Date: _____ Defendant's Signature: _____