



APPLICATION FOR COMMUNITY SERVICE

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Case Number	Offense	Balance

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INITIAL ALL THAT APPLY.

_____ I request that I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs.

_____ 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: _____

PERSONAL INFORMATION

Email Address: _____

Name: _____ Telephone Number: _____

Address: _____

Date of Birth: _____ Drivers License Number: _____ State: _____

Employer: _____ Job Title: _____

Employer's Address: _____

Salary: \$ _____ per _____ Employer's Telephone Number: _____

ATTACH A COPY OF YOUR MOST RECENT PAY STUB, W-2, W-4, 1099, OR FEDERAL INCOME TAX RETURN

Marital Status (Check One): Married ☐ Single ☐ Divorced ☐ Widowed ☐

Spouse's Name: _____ Spouse's Salary: \$ _____ per _____

Spouse's Employer: _____ Spouse's Job Title: _____

List the source and amount of any other income you receive: \$ _____

PROVIDE DOCUMENTATION EVIDENCING SPOUSAL/OTHER INCOME (pay stub, deposit slip, W-9, W-2, ect.)

List all your dependents, their ages, and their relationship to you: _____

Your residence is (Check One): Rented ☐ Owned ☐ Rent-Free ☐

PROVIDE A COPY OF YOUR LEASE OR MORTGAGE STATEMENT

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS:

Name of Institution	Address of Institution	Type of Account	Account Balance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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

NOTE: For items a, c, h, i, k, & l, provide documentation evidencing the amount you pay monthly

a. Home mortgage payment, rent, or lot rental for trailer:	\$	_____
b. Routine home maintenance:	\$	_____
c. Utilities (electricity, water, gas, telephone):	\$	_____
d. Food and sundries:	\$	_____
e. Clothing:	\$	_____
f. Laundry and cleaning:	\$	_____
g. Newspapers, periodicals, & books, including schoolbooks:	\$	_____
h. Medical, dental, and drug expenses:	\$	_____
i. Insurance (auto, life, medical, homeowners/renters):	\$	_____
j. Transportation, including auto payments:	\$	_____
k. Taxes not deducted from wages or included in mortgage:	\$	_____
l. Alimony or support payments:	\$	_____
m. Religious/charitable contributions:	\$	_____
n. Other expenses (use reverse side if necessary):	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

LIST ALL REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST & GIVE THE VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE:

a. Deposits in financial institutions and cash on hand: \$	_____	
b. Household goods and supplies (use reverse side if necessary):		
_____ \$	_____ \$	_____ \$
_____ \$	_____ \$	_____ \$
_____ \$	_____ \$	_____ \$
c. Household furniture and furnishings (use reverse side if necessary):		
_____ \$	_____ \$	_____ \$
_____ \$	_____ \$	_____ \$
_____ \$	_____ \$	_____ \$
d. Jewelry (use reverse side if necessary):		
_____ \$	_____ \$	_____ \$
_____ \$	_____ \$	_____ \$
_____ \$	_____ \$	_____ \$



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e. Sports equipment and musical instruments (use reverse side if necessary):

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

f. Television, home theater, media, and stereo equipment (use reverse side if necessary):

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

g. Household appliances (use reverse side if necessary):

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

h. Automobiles, trucks, trailers, boats, and accessories (use reverse side if necessary):

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

i. Machinery and tools, lawn and garden equipment (use reverse side if necessary):

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

J. Office equipment, supplies, furniture, and inventory (use reverse side if necessary):

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

k. Farming equipment, supplies, livestock, and other animals (use reverse side if necessary):

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

I. Any other property not listed above (use reverse side if necessary):

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



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

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

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

_____ 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 to your address or telephone number at **114 S. CENTRAL ST., FERRIS, TX 751251** within five (5) days of the change.

_____ I understand that until my fines and court costs 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 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.

_____ I do hereby enter a plea of **(GUILTY) / (NO CONTEST)** and waive my right to a jury trial or a hearing by the court.

Date:----- Defendant's Signature: _____

Mail Correspondence to:
Ferris Municipal Court
114 S. Central St.
Ferris, TX 75125

Sworn and subscribed before me this day _____ of _____, 20__ .

(Judge) (Clerk) (Deputy Clerk)