

**FINANCIAL APPLICATION**  
**PLEASE TYPE OR PRINT CLEARLY**

**STATE OF TEXAS**

**VS.**

**, DEFENDANT**

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§

**IN THE MUNICIPAL COURT OF RECORD**

**TOWN OF ADDISON**

**DALLAS COUNTY, TEXAS**

RE: Cause Number:

Citation No

**FINANCIAL APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY**

**EMAIL FORM TO: [municipalcourt@addisontx.gov](mailto:municipalcourt@addisontx.gov)**

Cell/Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ I make \$ \_\_\_\_\_ per \_\_\_\_\_ (week, month, etc)

Marital Status (Check One): Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Number of children: \_\_\_\_\_

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

Spouse's Employer: \_\_\_\_\_ Spouse's Job Title: \_\_\_\_\_

Name of nearest living relative: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I receive the following types of financial assistance:

Social Security Disability (SSI)     Food Stamps     Unemployment Wages

Disability Insurance     Housing Assistance     Rental assistance

Metrocrest Services     Medicaid    \$ \_\_\_\_\_ OTHER SUPPORT

I understand that submitting false 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 swear that all the information in this application is true, correct and complete to the best of my knowledge and belief.

Date: \_\_\_\_\_

Defendant's Signature: \_\_\_\_\_