



JUSTICE OF THE PEACE 2-1

REQUEST FOR COMMUNITY SERVICE

The court will consider alternative methods to discharge fines and court cost owed for a traffic or other class c misdemeanor conviction. The Judge must approve the request. The Defendant(s) must submit their request either through mail or in person. The Court cannot consider oral request.

STEPS TO REQUESTING COMMUNITY SERVICE

1. **PLEA OR FINDING OF GUILT/NO CONTEST** -The Defendant must have a plea or finding of guilt in the cause pending before the Court.
2. **MAKE A REQUEST IN WRITING** - The Defendant must make a written request of community service to the court.
3. **COMPLETE AN AFFIDAVIT OF INDIGENCY.** - The Defendant must complete an affidavit of indigency.
4. **JUDGE MAKES A FINDING OF INDIGENCY** - The Judge must make a finding of indigency in order to grant you community service.

ONCE COMMUNITY SERVICE IS GRANTED

1. **COMPLETE COMMUNITY SERVICE** - Once community service is granted, the Defendant may work at a nonprofit organization to satisfy a citation.
2. **PROVIDE THE COURT WITH EVIDENCE OF COMPLETION** – Return to the court on or before the due date with a letter or a form demonstrating completion of community service.

OTHER INFORMATION

1. **STILL ELIGIBLE FOR DEFERRED DISPOSITION** – Satisfying fines and court cost through community service does not preclude a Defendant from qualifying for a deferred disposition (meaning compliance with the court order will not result in a conviction on a driving record).
2. **DRIVER'S LICENSE HOLDS** – The Court will automatically release a hold on a driver's license once community service is complete.

CAUSE NUMBER: JT/JM/JW _____ D
State of Texas § IN THE JUSTICE COURT
Vs. §
§ PRECINCT 2, PLACE 1
§

Defendant § DALLAS COUNTY, TEXAS

DEFENDANT’S MOTION FOR COMMUNITY SERVICE

ON THIS DAY, the Defendant request that the Court considers a request for community service as an alternative to payment of fines and court cost in the above and entitled cause of action.

In support of this motion, the Defendant submits a statement of inability to pay fines and court cost demonstrating that the Defendant is indigent and that making payments would impose an undue hardship on the Defendant and/or the Defendant’s family.

The Defendant in support of this motion states that he/she is able to perform community service and that he/she understands that the court will not release a hold on a driver’s license until such time as community service is completed.

PRAYER

I pray that the court grants my request for community service.

SIGNED ON THIS DAY: _____.

My name and address are as follows:

Signature

Printed Name

Street Address / City / State / Zip

Phone Number / Fax Number / Email

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number: _____
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: _____
(Print first and last name of the person filing the lawsuit.)

And

Defendant: _____
(Print first and last name of the person being sued.)

In the _____ (check one):
Court _____ District Court
Number _____ County Court / County Court at Law
 Justice Court

_____ Texas
County _____

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: _____ My date of birth is: ____/____/____
First Middle Last Month/Day/Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

About my dependents: "The people who depend on me financially are listed below.

Name	Age	Relationship to Me
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

2. Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these public benefits/government entitlements that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
- Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
- Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)
- Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: *(List only if other members contribute to your household income.)*

- \$ _____ from Retirement/Pension Tips, bonuses Disability Worker's Comp
 Social Security Military Housing Dividends, interest, royalties
 Child/spousal support
 My spouse's income or income from another member of my household *(If available)*

\$ _____ from other jobs/sources of income. *(Describe)* _____

\$ _____ is my *total* monthly income.

5. What is the value of your property?

"My property includes:	Value*
Cash	\$ _____
Bank accounts, other financial assets	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) <i>(make and year)</i>	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property	→ \$ _____

6. What are your monthly expenses?

"My monthly expenses are:	Amount
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: <i>(List)</i>	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	→ \$ _____

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: *(List debt and amount owed)* _____

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.


8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.
 I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is _____ . My date of birth is : ____ / ____ / ____ .

My address is _____
Street City State Zip Code Country

 signed on ____ / ____ / ____ in _____ County, _____
Signature Month/Day/Year county name State

The Court will accept a timesheet from an agency in lieu of using the timesheet provided.

Defendant Name: _____

Community Service Rules

While performing community service, I will contact the provider I choose to arrange community service as soon as possible; arrive on time; obey the site supervisor; not leave the worksite without permission; not carry any sort of weapon; Not use abusive language; wear appropriate clothing to work; apply for authorization for extension of time if needed; contact the Court with any questions.

Community Service Provider: _____

Telephone: _____

Date	Time In	Time Out	Total Hours

I certify that the above record is a true representation of the number of hours worked for the above period by the defendant.

Community Service Provider Information

Printed Name: _____

Signature: _____

Phone Number: _____