

Request for Indigency Hearing

Offense: _____ Docket #: _____

Name: _____

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone: Home: _____ Work: _____ Cell: _____

Employer: _____ Phone: _____

Employer Address: _____

- I am requesting for the court to set an Indigency Hearing for the Judge to review my inability to pay. All information in this application is true and correct.
- Attached are documents to prove my Indigency status.

Signed this _____ day of _____, 20_____.

Print name

Signature

Failure to appear to court hearing assigned to you may result in Warrants being issued for your arrest and additional fees added.