

INABILITY TO PAY HEARING REQUEST

To request this hearing, you must have already entered a plea and have received an order to pay from the Municipal Court Judge and at this time you are not able or have already become delinquent in paying your fine and/or court costs.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

**PLEASE CALL THE COURT FOR THE CORRECT AMOUNT AND IF YOU HAVE ANY QUESTIONS
972-347-3020**

MAIL FORM AND COPY OF IDENTIFICATION TO:

**PROSPER MUNICIPAL COURT
PO BOX 307
PROSPER, TX 75078**

**THE ATTACHED FORM IS ALSO AVAILABLE TO COMPLETE AND SUBMIT ONLINE AT
www.prospertx.gov/court-forms**

**INABILITY TO PAY HEARING REQUEST
TOWN OF PROSPER MUNICIPAL COURT**

STATE OF TEXAS
VS

§

CITATION OR CASE NUMBER:

§

§

OFFENSE DATE:

Defendant *(print your name)*

For the offense of

(print the offense as listed on the citation)

I, the above named Defendant, request an INSUFFICIENTLY / INDIGENT HEARING before the Town of Prosper Municipal Court Judge due to one of the following: Check all that apply:

Change in income Lost wages Loss of employment Medical / Health Issues

Other _____

When did this circumstance occur? Approximate date: _____

I understand that I may have to provide supporting documentation for the reasons selected above.

Current or Last Employer : _____

Date of Employment: _____ Job Title: _____

Address: _____

How many dependents do you currently support living in your household? _____

What is your current monthly salary? \$_____ What is your current total monthly expense? _____

Do you have any other source of income? Yes No

If Yes, please explain: _____

I understand that if my request for this hearing is granted, that it will be set for a Virtual Hearing which will required that I appear in a virtual court setting to see the Judge and that I must have internet and an electronic device, a camera and microphone (such as, smartphone, computer, android, tablet, iPad). CHECK HERE IF YOU ARE NOT ABLE TO APPEAR VIRTUALLY.

I further understand that I am responsible for providing the court with accurate and current contact information so that I can be notified of a court date and time or if further action is required.

Defendant Signature

Date

Address

City/State/Zip

Phone

Email Address (not required)