

Judge Steven Duble
Harris Co. Justice of the Peace
Precinct 1, Place 2



Ability to Pay Application

Fill out this form so the court can determine a fair payment for you

Name: _____ Case Number: _____

Phone Number: _____ Email Address: _____

What is my “ability to pay” and why is it important?

If the court finds that you violated the law, you may need to pay money or do community service. The court needs information from you to determine a fair amount you may need to pay in this case.

How much money will I owe? See STEP 1 (this page)

A fair payment is what you can afford, depending on your circumstances:

- If Section A applies to you, you owe no fees and only pay the lowest fine allowed by law.
- If Section B applies to you, the income chart below will determine how much you will pay

STEP 1: How much money will I owe?

Section A: Check off any categories in this section that apply to you

If you check any boxes below, the court will **waive all fees allowable and impose the lowest fine allowed by law**

- I earn less than \$35,400 per year
- Benefits:** I receive public assistance/benefits (circle all that apply to you)
 - SSI • SSDI • TANF
 - SNAP • Medicaid • Other: _____
- Homeless:** I have been homeless at some point in the last 12 months (*you slept in a shelter, outside, or on someone’s couch*)
- Child:** I was under 18 on the date of this offense
- Mental Health:** I stayed at least 1 night in a residential mental health facility in the last 6 months
- Disabilities:** I have a developmental disability, OR I have a permanent disability, OR I am disabled now
- Jail/Prison:** I am currently in jail/prison or I will be sentenced to jail/prison for at least 6 months, or I have been released jail/prison after serving 6 months within the past 12 months
- Public Defender:** I was eligible for a public defender or had a lawyer paid for by the state for this case

If you checked any box, go to **Step 2 for signature** (turn over). If you did not check a box, go to **Section B** (turn over)

TURN OVER

Section B: If you did **not** check a box in Section A, answer the following:

- How many dependents live in your home? ____ Dependents + 1 for you = ____ total in home
Help: A "dependent" is a child, elderly parent, partner, or other person who relies on you for food, shelter, and clothing.
- How much money do you earn in a month (before taxes are taken out)? \$ _____/month
Help: This amount should not include any Social Security payments or child support you receive.
- Subtract from this amount any significant recurring costs you have like treatment for a disability or long-term medical problem, child support payments (do not include rent or car payments):
\$ _____/month income - \$ _____/month recurring expenses = \$ _____
- In the chart below, circle the number of dependents (plus you) in your home and circle the monthly income minus monthly significant expenses range.

You + Dependents who live in home		My Income				
Circle the number of people in your home. Then circle your income on the same line	1 <input type="checkbox"/>	\$0 - \$35,400	\$35,400 - \$44,250	\$44,250 - \$53,100	\$53,100 - \$70,800	\$70,800+
	2 <input type="checkbox"/>	\$0 - \$40,450	\$40,450 - \$50,550	\$50,562 - \$60,675	\$60,675 - \$80,900	\$80,900+
	3 <input type="checkbox"/>	\$0 - \$45,500	\$45,500 - \$56,875	\$56,875 - \$68,250	\$68,250 - \$91,000	\$91,000+
	4 <input type="checkbox"/>	\$0 - \$50,550	\$50,550 - \$63,150	\$63,187 - \$75,750	\$75,750 - \$101,000	\$101,000+
	5 <input type="checkbox"/>	\$0 - \$54,600	\$54,600 - \$68,250	\$68,250 - \$81,900	\$81,900 - \$109,200	\$109,200+
	6 <input type="checkbox"/>	\$0 - \$58,650	\$58,650 - \$73,300	\$73,300 - \$87,975	\$87,975 - \$117,300	\$117,300+
Fees Owed:	Waived	Waived	Waived	Waived	Waived	100%
Fines Owed:	Lowest Allowed	25% of Fine	50% of Fine	75% of Fine	100% of Fine	

Other Information:

You can use this section to provide any other information you would like the court to consider. If you need more space, feel free to use a separate piece of paper and attach to this form:

STEP 2: Sign below

I promise that the information I have given on this form about my finances is correct. As per Texas Civil Practice and Remedies Code 132.001, I declare under the penalty of perjury, under the laws of the State of Texas, that all information on this form is true.

Print Name

Sign Name

Date



What now?

Give this document to the Clerk and then the Judge will review all your information and tell you how much money you owe for fines and fees for this case. Please make sure to provide accurate contact information as this may be done via email.