



CITY OF BELLE MEADE MUNICIPAL COURT

NOTICE: COURT POLICY FOR INDIGENT PERSONS

Tennessee law authorizes the **City of Belle Meade** to report to the Tennessee Department of Safety a failure to pay the fines and costs assessed in a traffic case. The Department of Safety is authorized to suspend your driving privileges if it receives a report of nonpayment of traffic fines and costs from the **City of Belle Meade court**.

However, the **City of Belle Meade court** will not report to the Department of Safety a person's failure to pay traffic fines and costs if the person against whom the fines and costs are assessed is determined by the Judge to be unable to pay those fines and costs because of indigency. The Judge will determine that a person is indigent if they meet any of the below requirements.

- (A) The person receives public assistance under the Families First (TANF), TennCare (Medicaid), Supplemental Nutrition Assistance Program (SNAP), or Supplemental Security Income (SSI) programs; or
- (B) The person's after-tax income is one hundred twenty-five per cent (125%) or less of the current Federal poverty guidelines; or
- (C) The person is either unable to pay the fines and costs of the proceeding in which you are involved or are unable to do so without depriving yourself or your dependents of the necessities of life such as food, clothing and shelter.

An Indigency Information Packet is available on the City website, www.citybellemeade.org, under the tab "Departments, City Court". The information packet will also be available in the courtroom or at the court clerk's office when a person makes their initial court appearance on the date indicated on the traffic citation.

If you wish for the Judge to make a determination that you are indigent and financially unable to pay your fines and costs, you must complete the Affidavit of Indigency included in this packet and return with it on your next scheduled court date as was given to you by the Judge. If you check option **(C)** on the Affidavit of Indigency, you must also complete the Supplement to the Affidavit of Indigency included in this packet.

If you fail to return to court for the scheduled indigency hearing with the completed affidavit, the Judge will be unable to determine that you are indigent and may report your non-payment of the assessed fines and costs to the Department of Safety.

As the Judge told you, you have a right to contest the citation(s) which were issued to you. If you have chosen to contest the citations but also believe you will be unable to pay the fines and costs which the Judge may assess if you are found guilty, you should prepare the affidavit of indigency and the supplement (if required) and bring it with you to the hearing so that the Judge can make an indigency determination if you are found guilty of the citation. You will not be prejudiced by the fact that you contested the citation when the Judge makes an indigency determination.

If the Judge determines that you have the ability to pay your fines and costs and thereafter you believe that your financial situation has changed, you may contact the clerk and request another indigency hearing. You will need to obtain and complete an updated Affidavit of Indigency with your current information.

If the Court has reported your non-payment of fines and costs to the Department of Safety and your license has been suspended for nonpayment, you may request an indigency hearing before the Judge by asking the clerk to schedule such a hearing. If the Judge determines that you are indigent at the hearing, the Court will report to the Department of Safety that the citation is no longer in "Failure to Pay" status. The **City of Belle Meade** does not have the ability to reinstate or reissue your license, and you will need to satisfy the requirements of the Department of Safety before your license can be restored to you.

Unless the Judge tells you otherwise during the indigency hearing, the fines and costs are not waived and are still an obligation you owe to the **City of Belle Meade** even if you are found to be indigent. The **City of Belle Meade** may attempt to collect the fines and costs you owe by any means available to creditors under federal and state law. When your financial situation allows you to pay the fines and costs, you should do so and then you will no longer be obligated to the **City of Belle Meade** for your fines and costs.

If the Judge finds that you are indigent, the Judge may require you to return for a review hearing on your ability to pay the fines and costs. If you fail to appear for the review hearing, the Judge will not be able to make a determination that you remain indigent and may report to the Department of Safety that you have not paid your fines and costs.

The current poverty guidelines utilized by the Court are as follows:

Poverty Guidelines for Indigency Determinations

| Size of Family Unit | 2020 Poverty Guidelines | 125% of Poverty Guidelines |
|----------------------------|--------------------------------|--|
| 1 | \$12,760 | \$15,950 |
| 2 | \$17,240 | \$21,550 |
| 3 | \$21,720 | \$27,150 |
| 4 | \$26,200 | \$32,750 |
| 5 | \$30,680 | \$38,350 |
| 6 | \$35,160 | \$43,950 |
| 7 | \$39,640 | \$49,550 |
| 8 | \$44,120 | \$55,150 |
| Over 8 | | Add \$5,600 for each additional member |

IN THE CITY OF BELLE MEADE COURT
DAVIDSON COUNTY, TENNESSEE
AFFIDAVIT OF INDIGENCY

Case Number or Citation Number: _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____
(Street Name & Number) (City) (State) (Zip Code)

I swear or affirm under the penalties for perjury that **I AM CURRENTLY INDIGENT** and unable to pay the fine(s) and cost(s) imposed against me in the case(s) listed above in that:
(Check Box A, B, or C below & only choose one):

- (A)** I receive public assistance under (*check form of public assistance received*):
- | | |
|--|---|
| <input type="checkbox"/> Families First (TANF) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> TennCare (Medicaid) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |

OR

- (B)** My income, less taxes deducted from my pay, is \$_____ per week biweekly month year (*check the period that applies*) for a household of ____ persons, consisting of myself and _____ dependents, which is at or below 125% of the federal poverty guidelines as published each year by the Department of Health and Human Services (*Note: The federal poverty guidelines for households of various sizes is available in the court clerk's office. If you cannot find it, ask the clerk or check online at <https://www.tn.gov/health/health-program-areas/fhw/wic/redirect-wic/income-guidelines.html>*)

(List any other available household income for the checked period on this line: \$ _____);

OR

- (C)** I am unable to pay the fines and costs of the proceedings, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the fines and costs of this action.

Defendant Print Name

Defendant Signature

**IN THE CITY OF BELLE MEADE COURT
DAVIDSON COUNTY, TENNESSEE
SUPPLEMENT TO AFFIDAVIT OF INDIGENCY**

Case Number(s)

NAME OF APPLICANT: _____

MAILING ADDRESS: _____
(Street Name & Number) (City) (State) (Zip Code)

I swear or affirm under the penalties for perjury that **I AM CURRENTLY INDIGENT** and unable to pay the fine(s) and cost(s) imposed against me in the case(s) listed above.

1. PERSONAL INFORMATION

- a. Date of Birth: _____
- b. Highest Grade in School: _____
- c. Special Training: _____
- d. List any physical or mental disabilities which you wish to reveal, and which affect your earning capacity or living expenses: _____
- e. Number of Dependents: _____

2. INCOME AFTER TAXES (monthly)

- a. If from employment, list your occupation and employer's name and address: _____

- b. Sources of income, if not from employment: _____

- c. My gross annual income for the past twelve months was: \$ _____
- d. Gross Income (monthly): \$ _____
- e. Taxes Deducted (monthly): \$ _____
 - Federal Tax \$ _____
 - Social Security \$ _____
 - Medicare \$ _____
 - Other Taxes (specify) \$ _____
 - Total Taxes Deducted \$ _____
- f. Total Income After Taxes (subtract 2(e) from 2(d)) \$ _____

g. If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes: _____

3. NET INCOME (monthly)

a. Income After Taxes (from line 2(f)) \$ _____

b. Expenses (monthly):

Rent or Mortgage \$ _____

Food \$ _____

Electricity \$ _____

Gas/Heat \$ _____

Water \$ _____

Telephone \$ _____

Health Insurance \$ _____

Uninsured Medical Expenses \$ _____

Child Care \$ _____

Education Expenses for Children \$ _____

Child Support \$ _____

Clothing \$ _____

Laundry/Cleaning \$ _____

Car Insurance \$ _____

Transportation Expenses \$ _____

Other (specify) _____ \$ _____

Total Expenses \$ _____

c. Income After Taxes Minus Expenses (monthly)
(subtract 3(b) from 3(a)) \$ _____

4. ASSETS

a. Own Home? Yes No Market Value \$ _____ Balance Owed \$ _____

b. Own Car? Yes No Year & Make _____
Market Value \$ _____ Balance Owed \$ _____

c. Bank Accounts (specify type and balance) _____

d. Other Property including Real Estate (specify type and value) _____

5. DEBTS

a. Specify: _____

6. MISCELLANEOUS

a. Other facts which may be relevant to your ability to pay fees and costs? _____

Defendant Print Name

Defendant Signature