

FINANCIAL AFFIDAVIT
For Court Appointed Attorney, Expert or other Services
(K.A.R. 105-4-3)

County _____

District Court Case No._____

Name _____ Age _____ Birth Year _____
 Address _____ City _____ State _____ Zip Code _____ Phone _____

Spouse (If married – including common-law) _____

Household income is defined as your income and the income of all persons who live with you that are related to you by birth or by marriage.

1. Are you Self-Employed Employed Unemployed

If self-employed, what line of work? _____

If employed, who do you work for? _____

If unemployed, for how long? _____

Are you receiving unemployment benefits? Amount per week \$ _____ If not, state reason _____

2. List the places you have worked in the last six months:

1. Name _____ Address _____
 2. Name _____ Address _____

3. If employed, what is your monthly average gross pay? \$ _____

4. Is your spouse (include common law) Self-Employed Employed Unemployed

If self-employed, what line of work? _____

If employed, who does he/she work for? _____

If employed, what is his/her average monthly gross pay? _____

If unemployed, for how long? _____

Is he/she receiving unemployment benefits? Amount \$ _____ If, not, state reason _____

5. Does anyone else live with you, other than your dependents? Yes _____ No _____

If yes, list their name, relationship to you, and their income:

	Name	Relationship	Gross Monthly Income
1			
2			
3			

6. Do you own a car, truck, or motorcycle? Yes No If yes,

	Year	Make	Model	Value	Amount Owing
1					
2					

Vehicles worth more than \$20,000 are considered liquid asset.

7. Do you receive, or have you received in the past six months, income from rental property, public assistance, support, alimony, maintenance, or other sources, including from a business? Yes No

If yes, give source and monthly income: _____

8. Do you have money or cash in savings, checking accounts or other funds? Yes No

If yes, list amount of money available to you _____

9. Do you own a home, land, or other property? Yes No If yes, give value(s) _____

10. Have you transferred any property since the date of the alleged crime? Yes No

If yes, explain _____

11. Can you afford to pay anything toward the costs of your defense at this time? Yes No

If yes, how much _____

12. Do you currently have any other court cases pending in the District in which you already have counsel appointed?

Yes No

If yes, give attorney's name _____

STATUS:

(Check One)

Single

Dependants: _____

Monthly Bills: _____

Married(include common law)

Total Number of _____

Rent/House Payment _____

Widowed

List names, ages, and relationship to you _____

Food/Clothing _____

Separated/ Divorced

Utilities _____

Alimony/Maintenance _____

Child Support _____

Installment Payments _____

Other Payments _____

Total Payments _____

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the STATE OF KANSAS to verify my past and present employment earnings, records, bank accounts, stock holdings, and any other asset balances that are needed to process this affidavit with the district court. I further authorize the STATE OF KANSAS to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. Executed this _____ day of _____, 20____.

Signature of Applicant

See page three for Judge's use

FOR JUDGE'S USE ONLY

DETERMINATION OF ELIGIBILITY – K.A.R. 105-4-1(b) and (c): “An eligible indigent defendant shall mean a person whose combined household income and liquid assets equal less than the most current federal poverty guidelines, as published by the U.S. Department of Health and Human Services, for the defendant's family unit. The court may also consider any special circumstances affecting the defendant's eligibility for legal representation at state expense.”

TO BE COLLECTED PURSUANT TO K.S.A. 22-4529:

APPLICATION FEE OF \$100 effective 7/1/04

DETERMINATION OF ELIGIBILITY FOR APPOINTED COUNSEL

APPLICABLE POVERTY GUIDELINE FOR DEFENDANT'S FAMILY UNIT: _____

THE COURT FINDS THE FOLLOWING SPECIAL CIRCUMSTANCES PURSUANT TO K.A.R. 105-4-1(c):

APPOINTMENT DENIED
 PARTIALLY INDIGENT, ABLE TO PAY \$_____
 PUBLIC DEFENDER APPOINTED
 _____ ATTORNEY APPOINTED

Judge**2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Size of family unit	Poverty Guideline
1.....	\$12,760
2.....	\$17,240
3.....	\$21,720
4.....	\$26,200
5.....	\$30,680
6.....	\$35,160
7.....	\$39,640
8.....	\$44,120

For family units with more than 8 members, add \$4,480 for each additional person.