

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. _____
	)	
	)	
	)	
Defendant.	)	

POVERTY AFFIDAVIT

Note: Do not use this form if you are currently an inmate in the custody of the secretary of corrections. You should use the Poverty Affidavit – Inmate form or, if you are filing a motion under K.S.A. 60-1507, you should use the forms relating to Supreme Court Rule 183.

I, _____, am unable to pay a docket fee in this matter by reason of poverty. Pursuant to K.S.A. 60-2001(b)(2), the following information is provided in support.

Employment: I am ____ employed; ____ not employed.

My employer is: _____

My employer's address is: _____

Income: I receive income from the following sources (**list amount per week**):

Employment income (after withholdings): \$ _____

Rental income: \$ _____

Interest and / or dividends: \$ _____

Spousal support and / or child support: \$ _____

Retirement, pension, social security: \$ _____

Disability, workers compensation: \$ _____

Unemployment benefits: \$ _____

Other Income (Describe) _____ \$ _____

TOTAL weekly income from all sources: \$ _____

Assets on Hand: I presently have the following assets (list value):

Cash (including bank accounts and electronic accounts): \$ _____

Automobile, truck or other vehicle: \$ _____

Real property (home, building or land): \$ _____

Other assets (jewelry, watches, etc.) \$ _____

Other Assets: Are you a beneficiary of any current estate, trust, annuity, or life insurance policy? If so, please provide the details.

_____.

Other Reasons: Explain any other facts or reasons why you cannot afford to pay a docket fee in your case.

_____.

I, _____, declare under penalty of perjury that the information set forth in this affidavit is true and correct and that, by reason of my poverty, I am unable to pay the docket fee.

Executed on _____, 20____.

Signature of Plaintiff