FINANCIAL AFFIDAVIT

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

	sipal Court ka, Kansas	CASE NO
FALS	SE STATEMENTS COULD RESULT IN ANOTHER CASE BEING H	FILED AGAINST YOU!!
Name_	e Age D.O.B Phone	S.S. #
Addres	City	State Zip Code
1.	Are you Self-Employed Employed Unem	ployed
	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. 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 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?	YesNo
	If yes, list their names, relationship to you and their gross monthly	
	1. Name Relations	hipIncome \$
	2. Name Relations	
6.	Do you own a car truck or motorcycle?	
	If yes, give year, make and model:	
	Please give value Is it (are they) paid for?	Yes No Amount owing \$
7.	Do you receive, or have you received, in the past six month, income other sources, including from a business?YesNo	me from rental property, public assistance, support, alimony, maintenance o
	If yes, give source and monthly income:	
8.	Do you have money or cash in savings, checking accounts or oth	er 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
10.	Have you transferred any property since the date of the alleged c	rime?YesNo
	If yes, explain	

11. Can you afford to pay anything	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	Do you currently have any other court cases pending in the Municipal Court, in which you already have counsel appointed?					
YesNo						
If yes, give attorney's name						
(Check One)	DEPENDENTS	MONTHLY BILLS				
	TOTAL NUMBER	_ RENT/HOUSE PAYMENT				
MARRIED (include common law)	LIST NAMES, AGES AND	FOOD/CLOTHING				
	RELATIONSHIP TO YOU	UTILITIES				
SEPARATED/DIVORCED		ALIMONY/MAINTENANCE				
		CHILD SUPPORT				
		INSTALLMENT PAYMENTS				
		OTHER PAYMENTS				
		TOTAL PAYMENTS				

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YOU MAY BE REQUIRED TO PROVIDE COPIES OF MOST RECENT YEAR'S FEDERAL AND STATE INCOME TAX RETURN

I UNDERSTAND THAT IF I AM FOUND GUILTY OF THE CHARGES AGAINST ME, I MAY BE ORDERED TO REIMBURSE THE CITY FOR ALL OR PART OF COURT APPOINTED COUNSEL FEES AND COSTS AND/OR ANY SUCH COSTS MAY BE ASSESSED AS A CONDITION OF ANY PROBATION, PAROLE OR SUSPENDED SENTENCE IMPOSED IN ANY OF THE CASES UPON WHICH I MAY BE CONNECTED AND SENTENCED OR MAY OTHERWISE BE COLLECTED IN A SEPARATE CIVIL ACTION AGAINST ME BY THE CITY OF TOPEKA OR ITS AUTHORIZED VENDORS OR REPRESENTATIVES.

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the City of Topeka Municipal Court 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 municipal court. I further authorize the City of Topeka Municipal Court to order a consumer credit report and verity other credit information, including past and present mortgage and landlord references.

Executed this _____ day of _____, 20_____.

SIGNATURE

FOR JUDGE'S USE ONLY

DETERMINATION OF ELIGIBILITY – K.A.R. 105-4-1(b): "An eligible indigent defendant is a person whose combined household income and liquid assets equal less than the sum of the defendant's reasonable and necessary living expenses plus the anticipated cost of private legal representation."

APPOINTMENT DENIED

□ _____

_____ ATTORNEY APPOINTED

PARTIALLY INDIGENT, ABLE TO PAY \$_____

Judge

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia (add \$4,420 per additional member)

SIZE OF FAMILY UNIT	POVERTY GUIDELINE
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660