

**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) \_\_\_\_\_ Email: \_\_\_\_\_

**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 type 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, how much do you earn each month? \$ \_\_\_\_\_

4. Is your spouse (include common law)  Self-Employed  Employed  Unemployed  
 If self-employed, what type of work? \_\_\_\_\_  
 If employed, who do they work for? \_\_\_\_\_  
 If employed, how much do they earn each month? \_\_\_\_\_  
 If unemployed, for how long? \_\_\_\_\_  
 Are they receiving unemployment benefits? Amount \$ \_\_\_\_\_ If not, state reason \_\_\_\_\_

5. Does anyone else live with you, other than your dependants? 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 assets.**

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

Married(include common law)

Widowed

Separated/ Divorced

Dependants:

Total Number \_\_\_\_\_

List names, ages, and relationship to you

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly Bills:

Rent/House Payment \_\_\_\_\_

Food/Clothing \_\_\_\_\_

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

**2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Size of family unit	Poverty Guideline
1.....	\$13,590
2.....	\$18,310
3.....	\$23,030
4.....	\$27,750
5.....	\$32,470
6.....	\$37,190
7.....	\$41,910
8.....	\$46,630

For family units with more than 8 members, add \$4,720 for each additional person.