

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, adoption or 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 Owning
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

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Size of family unit	Poverty Guideline
1.....	\$15,060
2.....	\$20,440
3.....	\$25,820
4.....	\$31,200
5.....	\$36,580
6.....	\$41,960
7.....	\$47,340
8.....	\$52,720

For family units with more than 8 members, add \$5,380 for each additional person.