

FINANCIAL AFFIDAVIT
For Court-Appointed Attorney, Expert or other Services

City of Washington, Kansas Municipal Court Case No. _____

FALSE STATEMENTS COULD RESULT IN ANOTHER CASE BEING FILED AGAINST YOU!

Name _____ Age _____ Birth Year _____ Phone _____ SS# _XXX-XX-_____

Address _____ City _____ State _____ Zip Code _____

Spouse (If married – including common-law) _____

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 \$ _____ 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, give an approximate monthly rate of pay _____

4. Is your spouse ___ Self-Employed ___ Employed ___ Unemployed
If self-employed, what line of work? _____
If employed, who does he/she work for? _____
If employed, give an approximate monthly rate of pay _____
If unemployed, for how long? _____
Is he/she receiving unemployment benefits? ___ Amount \$ _____ If not, state reason _____

5. Do you own a car, truck, or motorcycle? ___ Yes ___ No
If yes, give year, make and model: 1. _____
2. _____
Please give value: _____ Is it paid for? ___ Yes ___ No Amount owing _____

6. 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: _____

7. Do you have money or cash in savings, checking accounts, or other funds? ___ Yes ___ No
If yes, list amount of money available to you _____

8. Do you own a home, land, or other property? ___ Yes ___ No If yes, give value _____

9. Can you afford to pay anything toward the costs of your defense at this time? ___ Yes ___ No
If yes, how much? _____

10. Do you currently have any other court cases pending in the City, in which you already have counsel appointed?
___ Yes ___ No
If yes, give attorney's name: _____

Check One: ___ Single ___ Married ___ Widowed ___ Separated/Divorced

Dependents: 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 authorized the City of Washington 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 Washington 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

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.”

Estimate of anticipated cost of private legal representation: _____

Applicable poverty guideline level: _____

APPOINTMENT DENIED

PARTIALLY INDIGENT, ABLE TO PAY \$ _____

PUBLIC DEFENDER APPOINTED

ATTORNEY APPOINTED

JUDGE

2007 Poverty Guidelines for the 48 Contiguous States & the District of Columbia.

<u>Size of Family Unit</u>	<u>Poverty Guidelines</u>
1.....	\$ 10,210
2.....	\$ 13,690
3.....	\$ 17,170
4.....	\$ 20,650
5.....	\$ 24,130

For family units with more than 5 members, add \$3,480 for each additional member.