

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

FALSE STATEMENTS COULD RESULT IN ANOTHER CASE BEING FILED AGAINST YOU

SALINA MUNICIPAL COURT Case No. _____

Name _____ Age _____ Birth Year _____ S.S.# XXX-XX-_____

Address _____ City, State, Zip _____ Phone _____

1. I am (choose one of the following):

Self-employed. What line of work? _____

Employed. Who do you work for? _____

Unemployed. For how long? _____

Are you receiving unemployment benefits? Yes. How much? \$ _____

No. State reason: _____

2. List the places you have worked in the last six months:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

3. If employed, my wages are:

\$ _____ per hour _____ hours per week.

\$ _____ per week/biweekly

\$ _____ per month

FOR OFFICE USE ONLY	
Weekly	\$ _____
Monthly	\$ _____
Annually	\$ _____

4. Status: Single Married Living with someone Widowed Separated/Divorced

If married (*including common-law*), what is his/her name? _____

My spouse is:

Self-employed. What line of work? _____

Employed. Who does he/she work for? _____

Approximate monthly rate of pay \$ _____

Unemployed. For how long? _____

Is he/she receiving unemployment benefits? Yes. How much? \$ _____

No. State reason: _____

5. Do you own a car, truck, or motorcycle? Yes. No. *If yes, please provide the following information.*

Year	Make	Model	Monthly payment	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. Give source and monthly income. _____
 No.

7. Do you have money or cash in savings, checking accounts or other funds?

Yes. List amount of money available to you. _____
 No.

8. Do you own a home, land, or other property?

Yes. Give value(s) _____
 No.

9. Can you afford to pay anything toward the costs of your defense at this time?

Yes. How much? \$ _____ No.

10. Do you currently have any other court cases pending in which you already have counsel appointed?

Yes. What court? _____ Who is the attorney? _____
 No.

11. What is your total number of dependents (persons under 18 that you support)? _____

12. List all persons living in the same house with you and their relationship to you. (For example – spouse, children, parents, other relatives, friends, and roommates.)

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

13. Provide the amounts of each of your monthly expenses.

Rent/House payment	\$ _____	Gas	\$ _____	Electric	\$ _____
Water/Trash	\$ _____	Cable	\$ _____	Food	\$ _____
Car Payment	\$ _____	Medical	\$ _____	Phone	\$ _____
Child Support	\$ _____	Other	_____	\$ _____	

Total: \$ _____

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the City of Salina 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 Salina to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references.

Applicant's Signature

Date

** Do not sign unless in front of a notary public.*

NOTARY

Subscribed and sworn to before me this _____ day of _____, 20_____.

[seal]

Notary Public

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 \$ _____ Appointed: Buck Couch Hiebert Other _____
- Fully indigent. Appointed: Buck Couch Hiebert Other

Judge

2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Size of family	Poverty Guideline
1.....	\$11,490
2.....	\$15,510
3.....	\$19,530
4.....	\$23,550
5.....	\$27,570
6.....	\$31,590
7.....	\$35,610
8.....	\$39,630

For family units with more than 8 members, add \$3,600 for each additional person.
(The same increment applies to the smaller family sizes also, as can be seen in the figures above.)