

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** _____

Household income is your income and the income of all persons who live with you that are related to you by birth or by marriage.

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

☐ **Self-employed.** If self-employed, what line of work? _____

☐ **Employed.** If employed, who do you work for? _____

☐ **Unemployed.** If 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, what is your monthly average gross pay? \$ _____

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.** If self-employed, what line of work? _____

☐ **Employed.** If employed, who do you work for? _____

☐ **Unemployed.** If unemployed, for how long? _____

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

☐ No. State reason: _____

5. Does anyone else live with you, other than your dependents? ☐ Yes. ☐ No.

If yes, list their names, relationship to you, and their income.

Name	Relationship	Gross Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Vehicles worth more than \$20,000 are considered liquid asset.

Year	Make	Model	Monthly payment	Amount Owning
			\$	\$
			\$	\$
			\$	\$

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. Give source and monthly income. _____
☐ No.

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

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

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

☐ Yes. Give value(s) _____
☐ No.

10. Have you transferred any property since the date of the alleged crime?

☐ Yes. Explain. _____
☐ No.

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

☐ Yes. How much? \$ _____ ☐ No.

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

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

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

List names, ages, and relationship to you.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. 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

FOR JUDGE'S USE ONLY

DETERMINATION OF ELIGIBILITY – K.A.R. 105-4-1(b) and (c): An eligible indigent defendant is 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 special circumstances affecting the defendant's eligibility for legal representation at city expense.

Estimate of anticipated cost of private legal representation: \$ _____ Applicable poverty guideline level: \$ _____

☐ Appointment Denied.

☐ Partially indigent, able to pay \$ _____ Appointed: ☐ Ferrell ☐ Dahlstrom ☐ Effenbeck ☐ Other _____

☐ Fully indigent. Appointed: ☐ Ferrell ☐ Dahlstrom ☐ Effenbeck ☐ Other _____

Judge

2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Size of family	Poverty Guideline
1.....	\$15,960
2.....	\$21,640
3.....	\$27,320
4.....	\$33,000
5.....	\$38,680
6.....	\$44,360
7.....	\$50,040
8.....	\$55,720

For family units with more than 8 members, add \$5,500 for each additional person.