

**APPLICATION FOR APPOINTED DEFFENSE SERVICES**  
**(To accompany Financial Affidavit)**

City of Manhattan VS. \_\_\_\_\_ Case No. \_\_\_\_\_

NOTICE TO APPLICANT:

A. *General Information*

1. The information on the attached is **not** confidential.
2. Any information contained on the attached affidavit may be verified by the judge or the City of Manhattan.
3. False entries may lead to criminal prosecution and conviction.
4. If you do not understand a specific question or need help, ask for assistance.
5. The judge may place you under oath and inquire further about any information provided on this form.

B. *Eligibility for Defense Services*

1. Appointed counsel and other defense services will only be provided to people who cannot afford to pay for these services themselves.
2. If the judge determines that you are able to pay a part of the costs of your defense, you will be found partially indigent and the court will order you to pay for part of these costs.
3. If, after the date of alleged offense, you transfer any of your property for less than it is worth, the City may sue to obtain repayment of the cost of your defense.
4. You must inform the court if there is a change in any of the financial information given on the affidavit.

C. *Repayment to the City*

K.S.A. 12-4509 provides that persons who are convicted of a crime may be required to reimburse the City for all or part of the attorney fees and expenses paid by the City.

The court shall take into consideration the financial resources and the nature of the burden that payment of such will impose. Any person who has been required to pay such sum and who is not willfully in default may petition the sentencing court to waive payment of any remaining balance or portion thereof.

I have read or have read to me and understand the above notice. I hereby request that court appointed counsel be provide to me and agree to attempt to repay the City for the costs of my defense if the court so orders.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defendant

# FINANCIAL AFFIDAVIT

## For Court Appointed Attorney

Municipal Court Case No. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name and address of spouse (If married—including common-law) \_\_\_\_\_

1. Are you  Self-employed  Employed  Unemployed

If you are self-employed, what line of work? \_\_\_\_\_

If you are employed, who do you work for? \_\_\_\_\_

If you are 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 you are employed, what is your monthly average gross pay? \_\_\_\_\_

**Note:** Gross pay means the total pay before taxes are withheld. (If you are in the military it includes all pay and allowances, including BAH & BAS, without deducting voluntary allotments)

4. Is your husband or wife (including common law)  Self-employed  Employed  Unemployed  Don't have a husband or wife

If he/she is self-employed, what line of work? \_\_\_\_\_

If he/she is employed, who does he/she work for? \_\_\_\_\_

If he/she is employed, what is his/her average monthly gross pay? \_\_\_\_\_

If he/she is unemployed, for how long? \_\_\_\_\_

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, provide information in box below:

	Year	Make	Model	Value	Amount Owing
1					
2					
3					

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 towards 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 this court in which you already have counsel appointed?  
 Yes  No  
If yes, give attorney's name \_\_\_\_\_
13. If you are a student, please fill out the information below:
- a. Do you have a scholarship and/or grant  Yes  No  
If yes, what is the amount of such scholarship/grant per semester \$ \_\_\_\_\_
  - b. Do you receive any other form of financial assistance?
    - i. GI Bill  Yes  No  
If yes, amount received per semester \$ \_\_\_\_\_
    - ii. Payments from a family member, trust fund, etc.  Yes  No  
If yes, specify \_\_\_\_\_  
Amount received per semester \$ \_\_\_\_\_
    - iii. Student loans  Yes  No  
If yes, amount received per semester \$ \_\_\_\_\_  
How much do you owe on the loan? \$ \_\_\_\_\_  
When do you expect to begin paying the amount due? \_\_\_\_\_
    - iv. Other financial aid  Yes  No
    - v. If yes, specify \_\_\_\_\_ amount per semester \$ \_\_\_\_\_
  - c. Where are you a student? \_\_\_\_\_
    - i. What is your tuition amount per semester? \$ \_\_\_\_\_

**All applicants must complete the remainder of this form.**

STATUS:  
(Check one)

- Single
- Married (include common law)
- Widowed
- Separated/divorced

Dependants (people for whom you are responsible to support):

Total number of dependants: \_\_\_\_\_

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 City of Manhattan to verify my past and present employment earnings, records, bank accounts, stock holdings, and any other assets balances that are needed to process this affidavit with the municipal court. I further authorize the City of Manhattan to order a consumer credit report and verify other credit information, including past and present records and income. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

**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.”

**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 \$ \_\_\_\_\_
- \_\_\_\_\_ ATTORNEY APPOINTED

\_\_\_\_\_  
JUDGE

**2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

<u>Size of Family Unit</u>	<u>Poverty Guideline</u>	<u>Per Month</u>
1 .....	\$12,490	\$1041
2 .....	\$16,910	\$1409
3 .....	\$21,330	\$1778
4 .....	\$25,750	\$2146
5 .....	\$30,170	\$2514
6 .....	\$34,590	\$2883
7 .....	\$39,010	\$3251
8 .....	\$43,430	\$3619

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For family units with more than 8 members, add \$4,420 (\$368 per month) for each additional person.