

APPLICATION FOR APPOINTED DEFENSE 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 _____

Email (Required) _____

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 dependents? 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

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

Total number of dependents: _____

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

2021 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	\$12,880	\$1,073
2	\$17,420	\$1,452
3	\$21,960	\$1,830
4	\$26,500	\$2,208
5	\$31,040	\$2,587
6	\$35,580	\$2,965
7	\$40,120	\$3,343
8	\$44,660	\$3,722

For family units with more than 8 members, add \$4,540 (\$378 per month) for each additional person.