

APPLICATION FOR APPOINTED DEFENSE SERVICES
(to accompany Financial Affidavit)

STATE vs. _____ District Court Case No. _____

County Douglas _____

NOTICE TO APPLICANT:

A. *General Information*

1. The information on the attached affidavit is not confidential.
2. The judge or the Kansas Board of Indigents' Defense Services may verify any information contained on the attached affidavit.
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. You will receive an appointed attorney if you meet the standards for indigent status.
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 a part of these costs.
3. If, after the date of the alleged offense, you transfer any of your property for less than it is worth, the State 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 State*

The court shall take into account the financial resources and the nature of the burden that payment of such sum 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 had read to me and understand the above notice. I hereby request that court-appointed counsel be provided to me and agree to attempt to repay the State for the costs of my defense if the court so orders.

Date

Defendant

FINANCIAL AFFIDAVIT

FOR CLERK'S USE ONLY

D. For Court-Appointed Attorney, Expert or Other Services
(K.A.R. 105-4-3)

Judicial Dist. _____

County _____

CASE NO. _____

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

Name _____ Age _____ Birth Year _____ Phone _____ S.S.# _____

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 District, in which you already have counsel appointed?

Yes No

If yes, give attorney's name _____

(Check One)

SINGLE

MARRIED

WIDOWED

SEPARATED/DIVORCED

DEPENDANTS

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 authorize the STATE OF KANSAS 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 district court. I further authorize the STATE OF KANSAS 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."

TO BE COLLECTED PURSUANT TO K.S.A. 22-4529:

APPLICATION FEE OF \$100 effective 7/1/04

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

2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Size of family unit	Poverty Guideline
1.....	\$10,830
2.....	\$14,570
3.....	\$18,310
4.....	\$22,050
5.....	\$25,790
6.....	\$29,530
7.....	\$33,270
8.....	\$37,010

For family units with more than 8 members, add \$3,740 for each additional person. (The same increment applies to the smaller family sizes also, as can be seen in the figures above.)

Revised 06/05/09