

**IN THE DISTRICT COURT  
\_\_\_\_\_ COUNTY, KANSAS**

State of Kansas

Plaintiff,

Vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**MOTION FOR REMOVAL OR REDUCTION OF FINES, FEES AND  
REINSTATEMENT FEES**

**Comes now,** \_\_\_\_\_ **Defendant** and moves the court for an order of removal or reduction of reinstatement fees pursuant to K.S.A. 8-2110(e), as amended by SB 127, effective May 6, 2021.

In support of the motion, the petitioner would show the court the following evidence of manifest hardship:

1. Defendant either paid or satisfied all fines and paid all court costs on the cases in which relief is requested; or
2. Defendant has completed and attached the required financial affidavit;
3. Defendant presents the following grounds warranting the reduction or elimination of reinstatement fees in the previously cited cases:

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

And

4. Complete one: Defendant requests

a \_\_\_ full reduction of any unpaid portion of all fines and fees OR

b \_\_\_ % reduction of any unpaid portion of the fines and fees.

I understand that the Court will hold a hearing on this matter, during which I can provide additional information.

I certify under the penalty of perjury that the foregoing is true and correct.

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Defendant

**IN THE DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, KANSAS**

State of Kansas

Plaintiff,

Vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**POVERTY AFFIDAVIT**

I, \_\_\_\_\_, am unable to pay the fines and fees in this matter because of my current financial situation. Pursuant to K.S.A. 60-2001(b)(2), the following information is provided in support.

**Employment:** I am unemployed/employed. (circle one)

My employer is \_\_\_\_\_.

My employer's address is \_\_\_\_\_.

**Income:** I receive income from the following sources (**list amount per month**):

Employment income (after withholdings): \$ \_\_\_\_\_

Rental income: \$ \_\_\_\_\_

Interest and / or dividends: \$ \_\_\_\_\_

Spousal support and / or child support: \$ \_\_\_\_\_

Retirement, pension, social security: \$ \_\_\_\_\_

Disability, workers compensation: \$ \_\_\_\_\_

Unemployment benefits: \$ \_\_\_\_\_

Other Income (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL monthly income from all sources:** \$ \_\_\_\_\_

Assets on Hand:

Cash (including bank accounts and electronic accounts): \$ \_\_\_\_\_

Automobile, truck or other vehicle: \$ \_\_\_\_\_

Real property (home, building or land): \$ \_\_\_\_\_

Other assets (jewelry, watches, etc.) \$ \_\_\_\_\_

**Other Assets:** Are you a beneficiary of any current estate, trust, annuity, or life insurance policy? If so, please provide the details.

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**Other Reasons:** Explain any other facts or reasons why you cannot afford to pay a docket fee in your case.

My monthly income goes to pay my regular living expenses. Additionally,

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I, \_\_\_\_\_, declare under penalty of perjury that the information set forth in this affidavit is true and correct and that, by reason of my poverty, I am unable to pay a docket fee in this matter.

Executed on \_\_\_\_\_, 2021

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