

FOR COURT USE ONLY

**FINANCIAL AFFIDAVIT
DECLARACION DE FINANZAS
For Court Appointed Attorney, Expert or other Services
Para Abogados, Expertos y otros Servicios Designados por la Corte
(K.A.R. 105-4-3)**

County/Condado _____

District Court Case No./No. de Caso de la Corte Distrital _____

Name/Nombre _____ Age/Edad _____ Birth Year/Año de Nacimiento _____

Phone/Telefono _____ S.S.#/No de Seguro Social xxx-xx- _____

Address/Direccion _____ City/Ciudad _____ State/Estado _____

Zip Code/Codigo Postal _____

Spouse (If married – including common-law)Conyugue (Si esta casado-Incluyendo union libre _____

1. Are you/Esta o es Usted Self-Employed/Empleado(a) por si mismo(a) Employed/Empleado(a)
 Unemployed/Desempleado (a)

If self-employed, what line of work?/Si esta empleado(a) por si mismo, que linea de Trabajo? _____

If employed, who do you work for?/Empleado(a),para quien trabaja? _____

If unemployed, for how long?/Desempleado, for cuanto tiempo? _____

Are you receiving unemployment benefits?/Recibe beneficios de desempleo? Amount/Cantidad \$ _____

If not, state reason/Si no, porque razon _____

2. List the places you have worked in the last six months:/Indique los lugares en donde trabajo los ultimos 6 meses:

1. Name/Nombre	_____	Address/ Direccion	_____
2. Name/ Nombre	_____	Address/ Direccion	_____
	_____		_____
	_____		_____

3. If employed, what do you earn each month?/Si esta empleado(a), cuanto gana cada mes? _____

4. Is your spouse (including common law)/Su conyugue (incluyendo union libre)

Self-Employed/Esta Empleado(a) por si mismo (a) Employed/Empleado(a) Unemployed/Desempleado(a)

If self-employed, what line of work?/Si esta empleado(a) por si mismo(a), que linea de trabajo _____

If employed, who does he/she work for?/Si esta empleado(a) para quien trabaja? _____

If employed, give an approximate monthly rate of pay/Si esta empleado(a) indique aproximadamente cuanto gana al mes?

If unemployed, for how long?/Si esta desempleado(a), por cuanto tiempo _____

Is he/she receiving unemployment benefits?Si recibe beneficios de desempleo? Amount/Cantidad \$ _____

If, not, state reason/Si, no, porque razon? _____

5. Does anyone else live with you, other than your dependants? / Alguien mas vive con usted aparte de sus dependientes?

Yes/Si _____ No _____

If yes, list their name, relationship to you and their income"/ Si si, ponga su nombre y parentesco y sus ingresos

	Name/Nombre	Relationship/Parentesco	Income/Ingresos
1			
2			
3			

6. Do you own a car, truck, or motorcycle?/ Es usted propietario(a) de un carro,troca, o motocicleta

Yes/Si No/No

If yes,/ Si,si

	Year/Año	Make/Marca	Model/Modelo	Value/Valor	Amount Owing/ Cuanto Debe
1					
2					
3					
4					

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? Usted recibe,o ha recibido en los ultimos seis meses, ingresos de propiedades de renta, asistencia publica, pension de mantenimiento, u otros recursos, incluyendo negocios?

Yes/Si No

If yes, give source and monthly income:Si asi fuese, indique el recurso y el ingreso mensual? _____

8. Do you have money or cash in savings, checking accounts or other funds? Tiene usted dinero o efectivo en ahorros, cuenta de cheques u otros fondos? Yes/Si No

If yes, list amount of money available to you/ Si lo tiene, indique la cantidad de dinero que tiene disponible? _____

9. Do you own a home, land, or other property?/Es usted propietario de una casa, terreno o alguna otra propiedad

Yes/Si No If yes, give value(s)/Si asi es, de el valor(es) _____

10. Can you afford to pay anything toward the costs of your defense at this time? En este momento puede usted pagar algo hacia el costo de su defense Yes/Si No

If yes, how much/Si, asi es, cuanto? _____

11. Do you currently have any other court cases pending? En este momento tiene algun otro caso pendiente en la corte?

Yes/Si No

If yes, give attorney's name/ Si asi es, cual es el nombre del abogado(a) _____

STATUS:/ESTATUS

(Check One/Marque uno)

- Single/Soltero(a)
- Married(Casado(a))
- Widowed/Viudo(a)
- Separated/ Divorced/
Separado(a)/Divorciado(a)

Dependants/Dependientes:

Total Number of/Numero total _____
 List names, ages, and relationship to you/
 Nombres, edades, y parentesco

Monthly Bills/Gastos Mensuales:

Rent/House Payment/
 Renta/Pago de casa _____
 Food/Clothing/Comida/Ropa _____
 Utilities/Utilidades _____
 Alimony/Maintenance/ _____
 Pension Alimenticia/Mantenimiento _____
 Child Support/ _____
 Sosten Economico Infantil _____
 Installment Payments/Pagos a plazo _____
 Other Payments/Otros Pagos _____
Total Payments/Total de Pagos _____

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.

Cerifico bajo pena de perjurio que la informacion dada es verdadera y correcta. Al firmar abajo, Yo autorizo al ESTADO DE KANSAS a verificar mis ganancias de empleo pasado y presente, registros, cuantas bancarias, acciones, y algun otro saldo que sea necesario para el proceso de esta declaracion con la corte distrital. Ademas autorizo al ESTADO DE KANSAS que pida un reporte de credito al consumidor y verifique algun otra informacion de credito, incluyendo hipotecas y referencias de propiedades pasadas y presentes:

Executed this ___ day of _____, 20__ .

Ejecutado este dia _____ de _____ del 20 _____.

Signature of Applicant/Firma del Apicante

See page four for Judge's use

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

2011 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.)