

APPLICATION FOR APPOINTED DEFENSE SERVICES
(to accompany Financial Affidavit)

CITY OF ABILENE

vs.

Court Case No. _____

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 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. Repayment to the City

KSA 1997 Supp 21-4603 provides that persons who are convicted of a crime must reimburse the state general fund for all or part of the attorney fees and expenses paid by the Kansas State Board of Indigents' Defense Services. KSA 1997 Supp 21-4610 also provides that persons who are placed on probation or whose sentence is suspended must, as a condition of probation, reimburse the state general fund for all or part of the attorney fees and expenses paid by the Kansas State Board of Indigents' Defense Services.

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 City for the costs of my defense if the court so orders.

Date

Defendant

FINANCIAL AFFIDAVIT
For Court-Appointed Attorney, Expert or Other Services

Municipal Court
Abilene, Kansas

CASE NO. _____

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

Name _____ Age _____ D.O.B. _____ Phone _____ S.S. # _____

Address _____ City _____ State _____ Zip Code _____

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? _____
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, given an approximate monthly rate of pay _____
If unemployed, for how long? _____
5. Do you own a car truck or motorcycle?
If yes, give year, make and model: _____
Please give value _____ Is it (are they) paid for? Yes No Amount owing \$ _____
6. Do you receive, or have you received, in the past six month, income from rental property, public assistance, support, 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 Municipal Court, in which you already have counsel appointed?
 Yes No
If yes, give attorney's name _____

OVER

(Check One)

DEPENDANTS

MONTHLY BILLS

SINGLE

TOTAL NUMBER _____

RENT/HOUSE PAYMENT _____

MARRIED

LIST NAMES, AGES AND

FOOD/CLOTHING _____

WIDOWED

RELATIONSHIP TO YOU

UTILITIES _____

SEPARATED/DIVORCED

ALIMONY _____

CHILD SUPPORT _____

INSTALLMENT PAYMENTS _____

OTHER PAYMENTS _____

TOTAL PAYMENTS _____

YOU MAY BE REQUIRED TO PROVIDE COPIES OF MOST RECENT YEAR'S FEDERAL AND STATE INCOME TAX RETURN

I UNDERSTAND THAT IF I AM FOUND GUILTY OF THE CHARGES AGAINST ME, I MAY BE ORDERED TO REIMBURSE THE CITY FOR ALL OR PART OF COURT APPOINTED COUNSEL FEES AND COSTS AND/OR ANY SUCH COSTS MAY BE ASSESSED AS A CONDITION OF ANY PROBATION, PAROLE OR SUSPENDED SENTENCE IMPOSED IN ANY OF THE CASES UPON WHICH I MAY BE CONNECTED AND SENTENCED OR MAY OTHERWISE BE COLLECTED IN A SEPARATE CIVIL ACTION AGAINST ME BY THE CITY OF ABILENE OR ITS AUTHORIZED VENDORS OR REPRESENTATIVES.

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the City of Abilene Municipal Court 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 municipal court. I further authorize the City of Abilene Municipal Court 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

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."

APPOINTMENT DENIED

_____ ATTORNEY APPOINTED

PARTIALLY INDIGENT, ABLE TO PAY \$ _____

Judge