

APPLICATION FOR APPOINTED DEFENSE SERVICES
(To accompany Financial Affidavit)

STATE VS. _____ DISTRICT COURT CASE NO. _____
Or
IN RE: _____ COUNTY _____

NOTICE TO APPLICANT:

ANY DEFENDANT CHARGED WITH A FELONY VIOLATION, ENTITLED TO AN ATTORNEY PURSUANT TO K.S.A. 22-4503, IS REQUIRED BY LAW TO PAY A \$100 BOARD OF INDIGENTS DEFENSE SERVICES APPLICATION FEE, UNLESS THE FEE IS WAIVED BY THE COURT. THE FEE IS TO BE PAID TO THE CLERK OF THE DISTRICT COURT. FAILURE TO PAY THIS FEE MAY BE CONSIDERED A VIOLATION OF THE CONDITIONS OF YOUR RELEASE AND YOUR BOND MAY BE REVOKED FOR FAILURE TO PAY SAID APPLICATION FEE.

A. GENERAL INFORMATION

1. The information on the attached affidavit is not confidential.
2. Any information contained on the attached affidavit may be verified by the judge or the Kansas Board of Indigents' Defense Services.
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 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

K.S.A. 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. K.S.A. 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 State for the costs of my defense if the court so orders.

Date

Signature of Defendant

FINANCIAL AFFIDAVIT
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 _____ D.O.B. _____ Phone _____ S.S.# _____

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? _____

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? _____

5. Do you own a car, truck or motorcycle? Yes No

If yes, give year, make and model: _____

Please give value _____ Is it 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 any 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)

DEPENDENTS

MONTHLY BILLS

SINGLE

TOTAL NUMBER _____

RENT/HOUSE PAYMENT _____

MARRIED

LIST NAME, AGES AND
RELATIONSHIP TO YOU

FOOD/CLOTHING _____

WIDOWED

UTILITIES _____

SEPARATED/
DIVORCED

ALIMONY _____

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 authorized 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. 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 _____, _____.

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

PUBLIC DEFENDER APPOINTED

ATTORNEY APPOINTED

APPLICATION FEE OF \$100 TO BE COLLECTED IMMEDIATELY AS A CONDITION OF RELEASE (K.S.A. 22-4529, 2003 H.B. 2121 effective May 1, 2003)

PARTIALLY INDIGENT, ABLE TO PAY \$ _____

JUDGE

2002 Poverty Guidelines for 48 Contiguous States & the Guidelines for estimated copy of private legal representation District of Columbia

Size of Family Unit Poverty Guideline Security level Nondrug Cost Drug Cost

1	\$ 8,860	Off-Grid	\$6,000	
2	\$11,940	1	\$7,158	\$3,060
3	\$15,020	2	\$5,168	\$4,334
4	\$18,100	3	\$4,542	\$3,368
5	\$21,180	5	\$2,340	\$2,324
For family units with more than 5 members, add		6	\$2,964	
\$3,080 for each additional member		7	\$4,330	
		8	\$2,524	
		9	\$1,754	
		10	\$2,640	