

IN THE MUNICIPAL COURT OF NEWTON, KANSAS

City of Newton

vs

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Case #(s): \_\_\_\_\_

MOTION TO REDUCE REINSTATEMENT FEES

Comes now the above referenced defendant, and moves the court for a reduction of reinstatement fees pursuant to K.S.A 8-2110(e). In support of the motion, the petitioner shows the following to demonstrate eligibility and evidence of manifest hardship:

- 1) \_\_\_ All other fines and costs in the cases listed above have been satisfied.
- 2) \_\_\_ A Financial Affidavit is attached.
- 3) Below is a brief statement of why a reduction of reinstatement fees is needed:

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- 4) A personal appearance before the judge requested: \_\_\_YES \_\_\_NO

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

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

\_\_\_\_\_  
Date:

# FINANCIAL AFFIDAVIT

In The Municipal Court Of Newton, Harvey County, Kansas

CITY OF NEWTON

vs

Date: \_\_\_\_\_

\_\_\_\_\_  
(name)

I, the above-named Defendant, as an indigent person, request appointment of attorney and, after being duly sworn, state the following:

1. Age: \_\_\_\_\_

2. Marital Status: Single\_\_\_\_\_ Married\_\_\_\_\_ Separated\_\_\_\_\_ Divorced\_\_\_\_\_

3. Husband, Wife, Live-in or Significant Other – Name & Age: \_\_\_\_\_  
Address: \_\_\_\_\_

4. List all persons other than the above, who are dependent upon you for full or partial support:

Name	Age	Relationship	Address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Your occupation & how long:

\_\_\_\_\_  
Employer, Address & Phone:

\_\_\_\_\_  
If none, give last work done, dates, name & address of that Employer and how long there:

\_\_\_\_\_  
Husband, wife, live-in or significant other's employer, address & phone:

\_\_\_\_\_  
If none, give last work done, dates, name & address of that employer and how long there:

6. Income:	Yours	Spouse, live-in or other
Gross per payday	\$ _____	\$ _____
how often paid	_____	_____
Other income	\$ _____	\$ _____
from:	_____	_____
SRS/SS or SSI	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>
Medical card (yes or no)	_____	_____

7. Monthly Living Expenses: House payment or rent: \$ \_\_\_\_\_  
**If none, explain how you** to whom paid: \_\_\_\_\_  
**obtain food & shelter.** Utilities: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_  
 Car (gas & etc - NOT car payment) \$ \_\_\_\_\_

Other Monthly Expenses and Bills:

For What:	To Whom:	Total Due	Monthly Payment

**Total Monthly Expenses:** \$ \_\_\_\_\_

8. List all your assets and/or properties and value of each:

Real Estate - Description & Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Checking / Savings Accounts - Location: \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

Stocks, Bonds, Debts owing to you, etc \_\_\_\_\_ Value: \$ \_\_\_\_\_

Automobiles, trucks, motorcycles, boats, trailers, recreation vehicles, tools, sports equipment, guns,

Collections, hobbies, jewelry & any other property over the value of \$100.00.(list each item & value)

I fully understand that if an attorney is appointed to represent me, the amount paid by the City in providing this attorney shall be entered as a judgment against me, unless the court expressly stipulates otherwise, and may be brought against any person to whom I have conveyed any of my property or money without fair value, after the date of the commission of the alleged law violation.

\_\_\_\_\_  
 Signature of Defendant/Affiant