

IN THE MUNICIPAL COURT OF NEWTON, KANSAS

City of Newton

vs

Name: _____

Address: _____

Phone: _____

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)

Case #(s): _____

MOTION TO REDUCE 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:

- 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	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
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