

Andover Municipal Court
1609 E Central Ave
Andover, KS 67002



Phone: (316) 733-4510
Fax: (316) 927-6014
mmatson@andoverks.com

FINANCIAL AFFIDAVIT
For Court Appointed Attorney

City of Andover, Kansas

City of Andover Case No. _____

Name: _____

Age: _____ Date of Birth: _____

Address: _____ City: _____

State _____ Zip Code: _____ Phone: _____

Spouse (if married – including common-law): _____

Household income is defined as your income and the income of all person who live with you that are related to you by birth or by marriage.

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? _____

Are you receiving unemployment benefits? Amount per week \$ _____

If not, state reason

2. If employed, what is your monthly average gross pay \$ _____

3. Is your spouse (include common law) _____ self-employed _____ employed _____ unemployed

If self-employed, what line of work? _____

If employed, who does he/she work for? _____

If employed, what is his/her average monthly gross pay? \$ _____

If unemployed, for how long? _____

Is he/she receiving unemployment benefits? Amount \$ _____

If not, state reason

Andover Municipal Court
1609 E Central Ave
Andover, KS 67002



Phone: (316) 733-4510
Fax: (316) 927-6014
mmatson@andoverks.com

4. Does anyone else live with you, other than your dependents? Yes No

If yes, list their names, relationship to you and their income:

	Name	Relationship	Gross Monthly Income
1			
2			
3			

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

	Year	Make	Model	Value	Amount Owed
1					
2					
3					

6. 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? Yes No

If yes, give source and monthly income: _____

Andover Municipal Court
1609 E Central Ave
Andover, KS 67002



Phone: (316) 733-4510
Fax: (316) 927-6014
mmatson@andoverks.com

7. Do you have money or cash in saving, checking account or other funds? _____ Yes _____ No

If yes, list amount of money available to you _____

8. Do you currently have any other court cases pending in Other Municipal Court's in which you

Already have counsel appointed? _____ Yes _____ No If yes, Attorney's name _____

Monthly Bills:

Rent/House Payment _____

Food/Clothing _____

Utilities _____

Alimony/Maintenance _____

Child Support _____

Installment Payments _____

Other Payments _____

Total Payments: _____

Andover Municipal Court
1609 E Central Ave
Andover, KS 67002



Phone: (316) 733-4510
Fax: (316) 927-6014
mmatson@andoverks.com

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the City of Andover to verify my past and present employment earnings, records, bank accounts, stock holding, and any other asset balances that are needed to process this affidavit with the Andover Municipal Court. I further authorize the Andover 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 of Applicant

-Approved - Denied

Judge: _____
Date: _____