

**IN THE MUNICIPAL COURT,
CITY OF WICHITA, SEDGWICK COUNTY, KANSAS**

CITY OF WICHITA,

Case No. _____

V.

_____ **Defendant,**

MOTION FOR REDUCTION OR WAIVER OF REINSTATEMENT FEES, FINES, AND/OR COURT COSTS

COMES NOW _____, Defendant and moves the court for an order for the waiver of court costs and fines and/or reinstatement fees pursuant to Wichita Municipal Code Section 1.04070. In support of the motion the petitioner presents the following to the Court as evidence of manifest hardship:

1. Defendant satisfied, through payment or community service, all fines in the case(s) in which relief is requested; and
2. Defendant has engaged in a payment plan for all Court Costs not yet satisfied in the case(s) in which relief is requested ____ (initial if the previous two statements are true); or
3. Defendant asserts satisfying the fines and engaging in a payment plan for court costs represents a manifest hardship to the Defendant or the Defendant's family and presents evidence of that manifest hardship below ____ (initial if the statement is true);
4. Defendant has completed and attached the required financial affidavit;
5. Defendant presents the following grounds warranting the reduction or waiver of fines, court costs and/or reinstatement fees in the previously cited cases:

_____ ; and

6. Defendant (requests)(does not request) a formal hearing on the matter.

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

Defendant

IN THE MUNICIPAL COURT OF WICHITA, KANSAS

City of Wichita, Plaintiff

vs.

)
)
) _____
) Case No.
)
)

Defendant

FINANCIAL AFFIDAVIT

NOTICE TO AFFIANT :

1. The information on this affidavit is *not* confidential.
2. Any information provided may be verified by the Judge.
3. All information you provide is made under oath and under penalties of perjury. False entries may lead to criminal prosecution and conviction.
4. You may be required to testify about any information provided on this form.
5. You may be required to provide documentation to verify the information provided.
6. By signing below, you will authorize the City of Wichita, Kansas to verify the information provided and specifically grant authority for the City to obtain those records

FULL NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ HOME TELEPHONE: _____

_____ WORK TELEPHONE: _____

MOBILE TELEPHONE: _____

NAME OF SPOUSE: _____ (write "N/A" if you are not married)

AMOUNT THAT CAN BE PAID NOW (Write "None" if no amounts can be paid toward amounts that you owe at this time.)

EMPLOYMENT
(Check all that apply)

Self-Employed; What type of work do you do? _____

Average monthly amount that you receive prior to any withholdings: \$ _____

Employed; What is the name of your employer? _____

Average monthly amount that you receive prior to any withholdings: \$ _____

Unemployed; How long have you been unemployed? _____

Amount of unemployment benefits: \$ _____

If no unemployment benefits, explain why: _____

APPLICATIONS FOR EMPLOYMENT

(List any and all applications for employment that you have turned in during the last six (6) months.
Write "None" if no applications were turned in)

NAME OF EMPLOYER	DATE OF APPLICATION (May be approximate)

*Attach additional pages if needed

SPOUSE'S EMPLOYMENT
(Check all that apply)

Not Married. (Do not fill out the remainder of this section)

Self-Employed; What type of work does your spouse do? _____

Average monthly amount that your spouse receives prior to any withholdings: \$ _____

Employed; What is the name of your spouse's employer? _____

Average monthly amount that your spouse receives prior to any withholdings: \$ _____

Unemployed; How long has your spouse been unemployed? _____

Amount of unemployment benefits: \$ _____

If no unemployment benefits, explain why: _____

PERSONS OTHER THAN YOUR DEPENDENTS THAT LIVE IN THE SAME HOME AS YOU
 (Write "None" if no persons other than your dependants live with you)

Name	Relationship	Average monthly amount they receive prior to any withholdings.
		\$
		\$
		\$

OTHER INCOME
 (Write "None" in Monthly Income if no income for Source)

SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME
Public assistance, including but not limited to: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Veterans' disability benefits		Social Security and/or Retirement benefits	
Rental Property and/or Business Income		Maintenance/Alimony and/or Child Support	
Other (Describe Benefit):		Other (Describe Benefit):	

ASSETS

(Write "None" in the Value or Amount blank if you do not have that asset.)

ASSET	VALUE OR AMOUNT OF ASSET	AMOUNT OWING AGAINST ASSET
Car, Truck, Motorcycle, Camper and/or Recreational Vehicle (Provide Year, Model and Make):		
House/Land (Describe)		
Cash		
Accounts at a financial institution, including but not limited to: banks, savings and loans, credit unions and investment companies. (Provide name of financial institution(s) and type(s) of account(s):		
Any Asset transferred to another after the date of the filing of this case (Describe):		
Other Asset (Describe):		

DEPENDENTS

(Write "None" if you have no dependents.)

NAME	AGE	RELATIONSHIP TO YOU

EXPENSES
 (Write "None" if no expense for the Type listed.)

TYPE	MONTHLY EXPENSE
Rent or House Payment	
Food	
Clothing	
Utilities	
Maintenance/Alimony	
Child Support	
Installment Payments	
Payments for other cases (List. Court, Case Number and Total Amount Owed):	
Medical Bills	
Transportation	
Other (Describe):	
Other (Describe):	
TOTAL EXPENSES	

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the CITY OF WICHITA, KANSAS to verify my past and present employment earnings, records, bank accounts, stock holdings, and any other asset balances.

Executed this _____ day _____, 20 _____

Signature of Affiant _____