fines,
ly ude clear
ı

2. The attached Poverty Affidavit lists my income and assets.

3. (Check	one of the following):
☐ I wa	nt a hearing in front of a judge to explain my circumstances.
	not want a hearing. I understand that a judge will make a decision based only on uments submitted in this case.
I declar is true and corr	e under penalty of perjury under the laws of the State of Kansas that the foregoing ect.
	Signature of Defendant or Defendant's Attorney
	Date
	Printed Name:
	Supreme Court Registration # (if applicable):
	Address:
	City, State, Zip:
	Phone #:
	Fax # (if you have one):
	Email address:
	CERTIFICATE OF SERVICE
On	(date), I delivered or mailed a copy of the above
Motion to the I	District Attorney/Assistant District Attorney assigned to this case:
	Name:
	Address:
	City, State Zip:
	Signature of Defendant or Defendant's Attorney