

**IN THE MUNICIPAL COURT
CITY OF LAWRENCE, DOUGLAS COUNTY, KANSAS**

CITY OF LAWRENCE,

Case No. _____

V.

_____, Defendant

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

Comes now, _____, the Defendant and moves the Court for an order pursuant to K.S.A. 8-2110(e), as amended by SB 127, effective May 26, 2021, to waive or reduce the amount of reinstatement fees, fines and court costs in the above captioned case(s). The defendant presents the following to the Court in support of this motion:

(Initial the statements below that apply to you)

- _____ 1. The Defendant satisfied, through payment or community service, all fines in the case(s) in which relief is requested.
- _____ 2. The Defendant has engaged in a payment plan for all court costs not yet satisfied in the case(s) in which relief is requested.
- _____ 3. The Defendant has completed and attached the required financial affidavit.
- _____ 4. The Defendant states that satisfying the fines and/or engaging in a payment plan for fines, court costs and/or reinstatement fees creates a manifest hardship to the Defendant and/or the Defendant's family.
- _____ 5. The Defendant is unable to complete Community Service Work for all or a portion of the fines on the case(s) in which relief is requested. If this statement applies to you, please state the reason(s) why Community Service Work is not an option for you in the space below:

_____ 6. The Defendant presents the following statement as evidence of the manifest hardship.

(Write a statement in this section. You may attach additional documentation as necessary.)

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

Signature of Defendant

Date

Section Two: Household Employment and Income Information

Defendant: (Check all that apply and complete the section for the option(s) that apply to you):

_____ **Employed.**

Employer Name _____ (if self-employed, write self and what type of work you do.

How often are you paid? _____

Average Amount of **take-home** pay you receive per paycheck? \$ _____

_____ **Un-Employed.**

How long have you been Unemployed? _____ Amount of Unemployment benefits? \$ _____

If you do not receive unemployment benefits, explain why. _____

Are you actively seeking employment? _____ If **Yes**, attach a list of the businesses where you have submitted an application for employment during the past six months. If **No**, attach an explanation to this affidavit.

_____ **Retired.** Monthly Retirement Income: \$ _____

_____ **Disabled.** Monthly Disability Income: \$ _____

_____ **Other.** Monthly Other Income: \$ _____

Explain: _____

Spouse: (Check all that apply and complete the section for the option(s) that apply to your spouse):

_____ **Employed.**

Employer Name _____ (if self-employed, write self and what type of work they do.

How often are they paid? _____

Average Amount of **take-home** pay they receive per paycheck? \$ _____

_____ **Un-Employed.**

How long have they been Unemployed? _____ Amount of Unemployment benefits? \$ _____

If they do not receive unemployment benefits, explain why. _____

Are they actively seeking employment? _____ If **Yes**, attach a list of the businesses where they have submitted an application for employment during the past six months. If **No**, attach an explanation to this affidavit.

_____ **Retired.** Monthly Retirement Income: \$ _____

_____ **Disabled.** Monthly Disability Income: \$ _____

_____ **Other.** Monthly Other Income: \$ _____

Explain: _____

Persons who live with you and provide Income to the Household.

How much money to they provide to the household per month? \$ _____

Section Three: Other Household Income

(Write "None" in the monthly income column if there is no income from that source)

| 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), VA Disability Benefits, Food Assistance (Vision Card). | |
| Social Security and/or Retirement Income (If Retired was checked in section two and income information was included in that section do not include it again here. | |
| Rental Property and/or Business Income (If Self-Employed was checked in section two and income information was included in that section do not include it again here. | |
| Maintenance/Alimony and/or Child Support paid to your household | |
| Other (describe source of income) | |

Section Four: Assets

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

| Asset | Value or Amount of Asset | Amount Owed Against Asset |
|--|--------------------------|---------------------------|
| Vehicle(s) including but not limited to Car, Truck, Motorcycle, Camper, RV. Provide Year, Make and Model for each. | | |
| House/Land (Describe) | | |
| Cash | | |
| Accounts at Financial Institutions including but not limited to Banks, Savings & Loans, Credit Unions and Investment Companies. Provide the name of the financial institution(s) and the type of account(s). | | |
| Any asset transferred (given or sold) to another after the date this motion was filed (Describe) | | |
| Other Assets (Describe) | | |

Section Five: Monthly Expenses

(Write "None" if you have no expense for the type listed. Attach additional pages if necessary.)

| Type of Monthly Expense | Payment Amount |
|--|----------------|
| Rent or House Payment | |
| Food/Household Goods (if a vision card benefit is listed in section three, write the amount spent above the benefit amount) | |
| Clothing | |
| Utilities (Including but not limited to Water, Electric, Phone, Internet, Trash Service | |
| Spousal Support/Alimony | |
| Child Support (Amount NOT taken out by your employer) | |
| Installment Payments (Including but not limited to Vehicle Loans, Credit Cards and Other Debt not already taken out of your paycheck due to garnishment) | |
| Payments for Other Cases: List Court, Case Numbers and Total Amount Owed as well as the monthly payment made in each case. | |
| Medical Debt: List Total Amount Owed and Amount Paid per Month. | |

| | |
|---|--|
| Monthly Medical Expenses (Including but not limited to Health Insurance Premiums above the amount withheld from income; Medications; Co-Pays) | |
| Transportation – Gas, Bus Passes, Car Insurance, Maintenance | |
| 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 Lawrence Municipal Court to verify my past and present employment earnings, records, bank accounts, stock holdings and any other information listed on this affidavit.

Executed this _____ day of _____, 20__.

Signature of Affiant