

**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, \_\_\_\_\_, the Defendant and moves the court for an order pursuant to Wichita Municipal Code Section 1.0470 to waive or reduce the amount of reinstatement fees, fines and court costs in the above captioned cases. 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 cases(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 engaging in a payment plan for court costs and reinstatement fees creates a manifest hardship to the Defendant and/or the Defendant's family.
- \_\_\_\_\_ 5. The Defendant presents the following statement as evidence of the manifest hardship.

[Write a statement in this section you may attach additional pages and documentation as necessary.]

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- \_\_\_\_\_ 6. The Defendant requests a formal hearing in front of a judge to make argument in person.

**OR**

- \_\_\_\_\_ 6. The Defendant does **not** request a formal hearing and acknowledges a judge will make a decision based on the submitted documents in this case.

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

\_\_\_\_\_  
Signature of the Defendant

**IN THE MUNICIPAL COURT OF WICHITA, KANSAS**

City of Wichita, Plaintiff

vs.

\_\_\_\_\_  
Defendant

)  
)  
)  
)

\_\_\_\_\_  
Case No.

**Financial Affidavit**

**Notice To Affiant**

**Notice to Defendant:**

1. The information on this affidavit is NOT confidential.
2. Any information provided may be verified by the Judge and municipal court.
3. The information in this affidavit is provided under oath and under the penalties of perjury. False statements 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 you provide on this form.
6. By signing below, you authorize the City of Wichita, Kansas to verify the information provided and specifically grant authority for the City to obtain those records.

Amount that can be paid toward the balance owed now. [Write none if no amount can be paid at this time]

\_\_\_\_\_

**Section One: Defendant and Household information**

Your Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ [If you are not married write N/A.]

Name(s) of Persons who live in the same home as you AND provide income to the household:  
\_\_\_\_\_ What is/are their relationship to you? \_\_\_\_\_

[Write 'none' if no persons other than your children live with you.]

Dependents – Children or people who you are financially responsible to support

Name(s)	Age(s)	Relationship to You

**Section Two: Household Employment and Income Information**

**Defendant: (Check all that Apply and complete the section for the option that applies 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 that 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 seeking employment? \_\_\_\_\_

If Yes then attach a list of the businesses where you have submitted an application for employment during the last six months to this affidavit.

If No then attach an explanation on a separate sheet to this affidavit.

**Retired**

Include retirement income – if any - in the “Other Income” section below

**Disabled**

Include disability income – if any - in the “Other Income” section below.

**Other**

Explain: \_\_\_\_\_

**Spouse: (Check all that Apply and complete the section for the option that applies 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 that 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 seeking employment? \_\_\_\_\_

If Yes then attach a list of the businesses where they have submitted an application for employment during the last six months to this affidavit.

If No then attach an explanation on a separate sheet to this affidavit.

**Retired**

Include retirement income in the "Other Income" section below

\_\_\_\_\_ **Disabled**

Include disability income in the "Other Income" section below.

\_\_\_\_\_ **Other**

Explain: \_\_\_\_\_

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

How much money do they provide to the household per month? \_\_\_\_\_

**Section Three: Other Income**

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

Source	Monthly Income	Source	Monthly Income
<b>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).</b>		<b>Social Security and/or retirement Income.</b>	
<b>Rental Property and/or Business Income (If Self-Employed was checked in section two above and income information was included in that section do not include it again here.)</b>		<b>Maintenance/Alimony and/or Child Support paid to your household.</b>	
<b>Other (Describe source of Income)</b>		<b>Other (Describe Source of Income)</b>	

**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
<b>Vehicle(s) Including but not limited to Car, Truck Motorcycle, Camper, RV. Provide Year, Make and Model for each vehicle.</b>		
<b>House/Land (Describe)</b>		

<b>Cash</b>		
<b>Accounts at financial institutions, including, but not limited to: banks, savings and loans, credit unions and investment companies.</b>  <b>Provide the name of the financial institution(s) and the type of account(s)</b>		
<b>Any asset transferred (given or sold) to another after the date of the filing of this motion. (Describe)</b>		
<b>Other Assets (Describe)</b>		

**Section Five: Monthly Expenses**

Write "None" if you have no expense for the Type Listed. If more room is needed attach a separate sheet.

<b>Type of Monthly Expense</b>	<b>Payment Amount</b>
<b>Rent or House Payment</b>	
<b>Food/Household Goods (If a vision card benefit is listed in section three write the amount spent above the amount of the vision card benefit)</b>	
<b>Clothing</b>	
<b>Utilities (Including but not limited to Water, Electric, Phone, Internet, Trash Service)</b>	
<b>Spousal Support/Alimony</b>	
<b>Child Support (Amount Not taken out by employer)</b>	
<b>Installment Payments (Including but not limited to vehicle loans, credit cards and other debt. Amounts Not already taken out of a paycheck due to garnishment)</b>	
<b>Payments for other cases: List Court, Case numbers and Total Amount Owed as well as the monthly payment made in each case.</b>	
<b>Medical Debt – List total amount owed and amount paid each month.</b>	
<b>Monthly Medical Expenses (Including, but not limited to health insurance premiums above the amount withheld from income, medication, co-pays)</b>	

<b>Transportation – Gas, Bus Passes, Insurance</b>	
<b>Other (Describe)</b>	
<b>Other (Describe)</b>	
<b>Total Expenses</b>	

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 \_\_\_\_\_