

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF KANSAS

_____	)	
	)	
Plaintiff(s),	)	
	)	
vs.	)	Case No. _____
	)	
_____	)	
	)	
Defendant(s).	)	

**AFFIDAVIT OF FINANCIAL STATUS**

I, \_\_\_\_\_, state that I am the plaintiff in this case and that the following information regarding my current financial status is true.

I. PERSONAL DATA AND MARITAL STATUS:

A. My address: \_\_\_\_\_

My telephone: \_\_\_\_\_

My age: \_\_\_\_\_

B. Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Spouse's age: \_\_\_\_\_

Spouse's address (if different from mine): \_\_\_\_\_

Spouse's telephone (if different from mine): \_\_\_\_\_

C. Names of dependents who live with me or who I am legally required to support financially (provide only first, middle, and last initial for minor children):

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Ages of dependents:

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Relationship of dependents to me:

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Amount of monthly support I give each dependent:

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## II. EMPLOYMENT

A. Currently employed? Yes \_\_\_\_ No \_\_\_\_

If currently employed:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net (take home) income: Monthly \$ \_\_\_\_\_ or Weekly \$ \_\_\_\_\_

Does employer provide health insurance? Yes \_\_\_\_ No \_\_\_\_

If employer provides health insurance, what kind?

\_\_\_\_\_  
\_\_\_\_\_

B. Previous Employment (answer only if currently unemployed) .

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net (take home) income: Monthly \$\_\_\_\_\_ or Weekly \$\_\_\_\_\_

C. Employment of spouse:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net (take home) income: Monthly \$\_\_\_\_\_ or Weekly \$\_\_\_\_\_

III. FINANCIAL STATUS

A. Do you or your spouse own real property? Yes \_\_\_\_ No \_\_\_\_

If yes -Description:

Address: \_\_\_\_\_

In whose name: \_\_\_\_\_

Estimated value \$\_\_\_\_\_

Total amount owed \$\_\_\_\_\_

Owed to: \_\_\_\_\_

Annual income from property \$\_\_\_\_\_

B. Do you or your spouse own any automobiles? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, number of automobiles owned: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

In whose name registered: \_\_\_\_\_

Present value \$ \_\_\_\_\_

Amount owed on the automobile(s) \$ \_\_\_\_\_

Owed to: \_\_\_\_\_

Monthly payment(s) \$ \_\_\_\_\_

C. Total amount of cash on hand, in my checking account(s) or savings account(s):

\$ \_\_\_\_\_

If not joint account(s) with my spouse, total amount in my spouse's checking account(s) or savings account(s):

\$ \_\_\_\_\_

D. In the last 12 months, have you or your spouse received any money from any of the following sources?

	Yes	No	Amount
Unemployment benefits:	_____	_____	\$ _____
Welfare payments:	_____	_____	\$ _____
ADC or other governmental child support:	_____	_____	\$ _____
Social Security benefits:	_____	_____	\$ _____
Pensions, trust funds, annuities or life insurance payment:	_____	_____	\$ _____
Other gov't sources (example- Medicaid benefits):	_____	_____	\$ _____

Gifts or inheritances: \_\_\_\_\_ \$\_\_\_\_\_

Other sources (example-judgments in other cases or insurance proceeds): \_\_\_\_\_ \$\_\_\_\_\_

IV. OBLIGATIONS

A. Monthly mortgage or rental payment on house or apartment \$\_\_\_\_\_

B. Monthly mortgage payment(s) on other properties \$\_\_\_\_\_

Amount of equity in other properties \$\_\_\_\_\_

C. Monthly household expenses:

Grocery expense \$\_\_\_\_\_

Gas \$\_\_\_\_\_

Electric \$\_\_\_\_\_

Cable \$ \_\_\_\_\_

Phone (includes cell) \$ \_\_\_\_\_

Water \$\_\_\_\_\_

Car Insurance \$\_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Life Insurance \$\_\_\_\_\_

D. Other monthly debts and miscellaneous expenses (examples-credit cards, medical bills, alimony, child support, student loans, tax lien or other gov't liability).

To whom owed and for what reason incurred:	Monthly Payment	Balance Due
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\_\_\_\_\_

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V. OTHER INFORMATION PERTINENT TO FINANCIAL STATUS:

A. Have you ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_

B. Information regarding stocks, bonds, savings bonds, either owned individually or jointly.

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I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone