**IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT**

**DISTRICT COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, KANSAS**

|  |
| --- |
| IN THE MATTER OF THE PETITION OF |
| MINOR CHILD’s OLD NAME,  by and through his/her/their next friend,  \_\_\_\_\_\_\_\_\_\_\_\_\_, his/her/their parent, |
| To Change Name to:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Case No.

Div. No.

# POVERTY AFFIDAVIT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_, am unable to pay a docket fee in this matter by reason of poverty. Pursuant to K.S.A. 60-2001(b)(2), the following information is provided in support.

**Employment:** I am unemployed/employed. My employer is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My employer’s address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Income:** I receive income from the following sources **(list amount per month)**:

Employment income (after withholdings): $\_\_\_ \_\_\_\_\_

Rental income: $\_\_\_\_\_\_\_\_\_\_\_\_

Interest and / or dividends: $\_\_\_\_\_\_\_\_\_\_\_\_

Spousal support and / or child support: $\_\_\_\_\_\_\_\_\_\_\_\_

Retirement, pension, social security: $\_\_\_\_\_\_\_\_\_\_\_\_ Disability, workers compensation: $\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment benefits: $\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Other Income (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_ \_\_\_\_\_\_ |
| **TOTAL monthly income from all sources**:  **Assets on Hand**: I presently have the following assets (list value): | **$\_\_\_** \_\_\_**\_\_** |
| Cash (including bank accounts and electronic accounts): | $\_\_\_ \_\_\_\_\_ |
| Automobile, truck or other vehicle: | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| Real property (home, building or land): | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other assets (jewelry, watches, etc.) | $\_\_\_\_\_\_\_\_\_\_\_\_ |

**Other Assets**: Are you a beneficiary of any current estate, trust, annuity, or life insurance policy? If so, please provide the details.

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

**Other Reasons**: Explain any other facts or reasons why you cannot afford to pay a docket fee in your case.

My monthly income goes to pay my regular living expenses. Additionally, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare under penalty of perjury that the information set forth in this affidavit is true and correct and that, by reason of my poverty, I am unable to pay a docket fee in this matter.

Executed on , 2020. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Petitioner

**State of Kansas**

**County of \_\_\_\_\_\_\_\_\_\_**

Signed and sworn to before me on this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

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

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_