

*Wichita Municipal Court
455 N MAIN 2ND FLOOR
WICHITA KS 67202-1681*

WHAT TO EXPECT

1. Submit Motion for Reduction or Waiver of Reinstatement Fees, Fines, and or Court Costs & Financial Affidavit
2. Only cases with Wichita Municipal Court currently/actively suspending the Drivers License will be considered.
3. Driver's license status at Revoked will not be reviewed until the end of the revocation period. A letter will be sent advising of the Revoked status and asking for a resubmission at the appropriate time.
4. Active court bench warrants with Wichita Municipal Court must be resolved/cleared prior to review for Motion and Financial Affidavit.
5. In person hearings are scheduled for Fridays at 1pm except for first Fridays of each month.
6. Judge's orders will be mailed out. The results can be varied.
 - a. No Action/No reduction or waiver
 - b. Fines can remain the same, be reduced or waived
 - c. Court Costs can remain the same, be reduced, waived and/or authorized for community service to minimize out of pocket.
 - d. Reinstatement fees can remain the same, be reduced, waived and/or authorized to be paid prior to any remaining fines and/or court costs. If reinstatement fees are reduced to zero, the court will automatically send electronic notice to KDOR for reinstatement on that specific case.
7. Please contact Wichita Municipal Court customer service with any questions: 316.268.4611.

**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.]

- _____ 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
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.	
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.)		Maintenance/Alimony and/or Child Support paid to your household.	
Other (Describe source of Income)		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 vehicle.		

House/Land (Describe)		
Cash		
Accounts at financial institutions, including, but not limited to: banks, savings and 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 of the filing of this motion. (Describe)		
Other Assets (Describe)		

Section Five: Monthly Expenses

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

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 amount of the vision card benefit)	
Clothing	
Utilities (Including but not limited to Water, Electric, Phone, Internet, Trash Service)	
Spousal Support/Alimony	
Child Support (Amount Not taken out by employer)	
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)	
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 each month.	

Monthly Medical Expenses (Including, but not limited to health insurance premiums above the amount withheld from income, medication, co-pays)	
Transportation – Gas, Bus Passes, Insurance	
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 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 _____