

FILED

2005 APR 29 PM 3 55

FINANCIAL AFFIDAVIT

For Court-Appointed Attorney, Expert or Other Services
(K.A.R. 105-4-3)

Judicial Dist. _____

County _____

CASE NO. **05CR 498**

CLERK OF DIST. COURT
18TH JUDICIAL DISTRICT
SEDGWICK COUNTY, KS

FALSE STATEMENTS COULD RESULT IN ANOTHER CASE BEING FILED AGAINST YOU!!

Name Dennis L. Rader Age 59 D.O.B. 3-9-1945 Phone (816) 744-8702 SS# 514-42-4814
Address 6220 Independence City Park City State K.S. Zip 67219

Spouse (if married - including common-law) He was

1. Are you Self-Employed Employed Unemployed (probably now)
If self-employed, what line of work? _____
If employed, who do you work for? Compliance Officer
If unemployed, for how long? 3 Days

2. List the places you have worked in the last six months?
1. Name City of Park City Address 610 N. Hydraulic, Park City, Ks
2. Name _____ Address _____
3. Name _____ Address _____

3. If employed, give an approximate monthly rate of pay 2150⁰⁰

4. Is your spouse Self-Employed Employed Unemployed
If self-employed, what line of work? Book Keeper
If employed, who does he/she work for? Snack's
If employed, give an approximate monthly rate of pay 800⁰⁰
If unemployed, for how long? _____

5. Do you own a car, truck, or motorcycle? 2001 Yes No
If yes, give year, make and model: Pontiac Montana Ford 1991, Ford Tempo 1992
Please give value 22,800 Is it paid for? Yes No Amount owing _____

6. Do you receive, or have you received, in the past six months, income from rental property, public assistance, support, or other sources, including from a business: Yes No
If yes, give source and monthly income: 142⁰⁰ Pension

7. Do you have any money or cash in savings, checking accounts or other funds? IRA Yes No
If yes, list amount of money available to you 5000⁰⁰ / 1300⁰⁰ + 28-40,000⁰⁰

8. Do you own a home, land, or other property? Yes No If yes, give value 60-70,000 mortgage \$45,000

9. Can you afford to pay anything toward the costs of your defense at this time? Yes No
If yes, how much 500⁰⁰ - 700⁰⁰ (need to check with wife + family 1st)

10. Do you currently have any other court cases pending in the District, in which you already have counsel appointed? Same Cases
 Yes No
If yes, give attorney's name Richard Neg

(Check One)

- SINGLE
- MARRIED
- WIDOWED
- SEPARATED / DIVORCED

DEPENDENTS

TOTAL NUMBER 1

LIST NAMES, AGES AND RELATIONSHIP TO YOU

Wife

MONTHLY BILLS *Approximately*

RENT/ HOUSE PAYMENT 200 +/-

FOOD / CLOTHING 400 +/-

UTILITIES 300 +/-

ALIMONY -

CHILD SUPPORT -

INSTALLMENT PAYMENTS -

OTHER PAYMENTS Credit card 200 +/-
Chores 50 +/-

TOTAL PAYMENTS 1400 +/-

I certify under the penalty of perjury that the foregoing is true and correct. By signing below, I authorize the STATE OF KANSAS to verify my past and present employment earnings, records, bank accounts, stock holdings, and any other asset balances that are needed to process this affidavit with the district court. I further authorize the STATE OF KANSAS to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references.

Executed this 28TH day of February, 20 05.

Jennis L. Rader

SIGNATURE OF APPLICANT

FOR JUDGE'S USE ONLY

DETERMINATION OF ELIGIBILITY — K.A.R. 105-4-1 (b): "An eligible indigent defendant is a person whose combined household income and liquid assets equal less than the sum of the defendant's reasonable and necessary living expenses plus the anticipated cost of private legal representation."

Estimated of anticipated cost of private legal representation: _____ Applicable poverty guideline level: _____

- APPOINTMENT DENIED
- PUBLIC DEFENDER APPOINTED
-

100 Application Fee assessed for appointment of attorney. To be paid within 30 days of release

TO BE COLLECTED PURSUANT TO K.S.A. 22-4529

- ADMINISTRATION FEE OF \$35.00 ending 4/30/03
- APPLICATION FEE OF \$50.00 EFFECTIVE 5/1/03
- APPLICATION FEE OF \$100 EFFECTIVE 7/1/04
- PARTIALLY INDIGENT, ABLE TO PAY \$ _____

[Signature]
[Signature]

JUDGE

2001 Poverty Guidelines for the 48 Contiguous States & the District of Columbia

Size of family unit	Poverty Guideline
1	\$ 8,980
2	\$ 12,120
3	\$ 15,260
4	\$ 18,400
5	\$ 21,540

Guidelines for estimated cost of private legal representation:

Severity level	Non-Drug Cost	Drug Cost
Off Grid	\$6,000	
1	\$7,158	\$3,060
2	\$5,168	\$4,334
3	\$4,542	\$3,368
4	\$2,340	\$2,324
5	\$2,964	
6	\$4,330	
7	\$2,524	
8	\$2,140	
9	\$1,754	
10	\$2,640	

For family units with more than 5 members, add \$3,140 for each additional member