

**A F F I D A V I T**

(To proceed as Pauper in Clemency Application)

STATE OF KANSAS                    )  
                                                  ) ss:  
COUNTY OF \_\_\_\_\_)

\_\_\_\_\_, being duly sworn, states:  
(Name and register number)

1. That I am presently incarcerated at \_\_\_\_\_, for a term of \_\_\_\_\_ years, and desire to apply for Executive Clemency;
2. That I have \_\_\_\_\_ dollars in my inmate trust account and will not receive incentive pay in a sufficient amount by the end of the month to pay the cost of publication of notice of this application.
3. That I do hereby request the cost of said publication be paid by the State of Kansas in accordance with law, and that I be permitted to proceed as a pauper.

\_\_\_\_\_  
Signature of Resident

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(S E A L)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Certification by Facility Official**

I hereby certify that, as of this date, the above-named resident has the amount of \$\_\_\_\_\_ in his/her current resident account, which amount may be drawn against for his personal expenditures. I further certify that this resident will not receive incentive pay by the end of this month in an amount sufficient to pay more than \_\_\_\_\_ dollars of publication costs (insert amount of incentive pay to be received by end of the month). I also certify that the State of Kansas has not paid for the cost of clemency publication for this resident during the past twelve months.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Business Manager

BY: \_\_\_\_\_  
(Assistant Chief Clerk)