### 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;

1. 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.

1. 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)

PRB Rev. 3/22

Doc Type L5-CLEMPAC