NO. _____ FILED
A.M. 834 P.M. _____

JUL 27 2026

TRENT TRIPPLE, Clerk
By CATERINA MORITZ GUTIERREZ
DEPUTY

Bryan C. Kohberger
Full Name of Party Filing Document
P.O. Box 51 Boise ID 83634
Mailing Address (Street or Post Office Box)
Boise, ID 83634
City, State and Zip Code
N/A
Telephone
N/A
Email Address (if any)

IN THE DISTRICT COURT FOR THE Fourth JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF Ada

In the Matter Of:
State of Idaho V.
Bryan C. Kohberger,

Case No. CV01-26-15094

MOTION AND AFFIDAVIT FOR PERMISSION TO PROCEED ON PARTIAL PAYMENT OF COURT FEES (PRISONER)

IMPORTANT NOTICE: Idaho Code § 31-3220A requires that you serve upon counsel for the county sheriff, the department of correction or the private correctional facility, whichever may apply, a copy of this motion and affidavit and any other documents filed in connection with this request. You must file proof of such service with the court when you file this document.

Bryan C. Kohberger asks to start or defend this case on partial payment of court fees, and certifies

1. This is an action for (type of case) post-conviction relief petition. I believe I am entitled to get what I am asking for.

2. ☒ I have not previously brought this claim against the same party or a claim based on the same operative facts in any state or federal court. ☐ I have filed this claim against the same party or a claim based on the same operative facts in a state or federal court.

3. I am unable to pay all the court costs now. I have attached to this affidavit a current statement of my inmate account, certified by a custodian of inmate accounts, that reflects the

activity of the account over my period of incarceration or for the last twelve (12) months, whichever is less.

4. I understand I will be required to pay an initial partial filing fee in the amount of 20% of the greater of: (a) the average monthly deposits to my inmate account or (b) the average monthly balance in my inmate account for the last six (6) months. I also understand that I must pay the remainder of the filing fee by making monthly payments of 20% of the preceding month's income in my inmate account until the fee is paid in full.

5. I verify that the statements made in this affidavit are true. I understand that a false statement in this affidavit is perjury and I could be sent to prison for an additional fourteen (14) years.

(Do not leave any items blank. If any item does not apply, write "N/A". Attach additional pages if more space is needed for any response.)

IDENTIFICATION AND RESIDENCE:

Name: Bryan C. Kohberger Other name(s) I have used: _____

Address: 13400 South Pleasant Valley Rd.

How long at that address? July 23, 2025 / 1 year Phone: N/A

Year and place of birth: 1994, East Stroudsburg, PA

DEPENDENTS:

I am ☒ single ☐ married. If married, you must provide the following information:

Name of spouse: _____

My other dependents including minor children (use only initials and age to identify children) are: N/A

INCOME:

Amount of my income: $ N/A per ☐ week ☐ month

Other than my inmate account I have outside money from: N/A

My spouse's income: $ N/A per ☐ week ☐ month.

ASSETS:

List all real property (land and buildings) owned or being purchased by you.

Your Address	City	State	Legal Description	Value	Equity
N/A					

List all other property owned by you and state its value.

Description (provide description for each item)	**Value**
Cash N/A	$0
Notes and Receivables N/A	$0
Vehicles N/A	$0
Bank/Credit Union/Savings/Checking Accounts N/A	$0
Stocks/Bonds/Investments/Certificates of Deposit N/A	$0
Trust Funds Inmate trust	$170.00
Retirement Accounts/IRAs/401(k)s N/A	$0
Cash Value Insurance N/A	$0
Motorcycles/Boats/RVs/Snowmobiles N/A	$0
Furniture/Appliances N/A	$0
Jewelry/Antiques/Collectibles N/A	$0
Description (provide description for each item)	
TVs/Stereos/Computers/Electronics N/A	$0
Tools/Equipment N/A	$0
Sporting Goods/Guns N/A	$0
Horses/Livestock/Tack N/A	$0

Other (describe)_____ _____

_____ _____

_____ _____

EXPENSES: (List all of your monthly expenses.)

Expense	**Average Monthly Payment**
Rent/House Payment N/A	$0
Vehicle Payment(s) N/A	$0
Credit Cards (List last four digits of each account number.)	
N/A	$0
Loans (name of lender and reason for loan)	
N/A	$0
Electricity/Natural Gas N/A	$0
Water/Sewer/Trash N/A	$0
Phone N/A	$0
Groceries N/A	$0
Clothing N/A	$0
Auto Fuel N/A	$0
Auto Maintenance N/A	$0
Cosmetics/Haircuts/Salons N/A	$0
Entertainment/Books/Magazines N/A	$0
Home Insurance N/A	$0

Expense	Average Monthly Payment
Auto Insurance N/A	$0
Life Insurance N/A	$0
Medical Insurance N/A	$0
Medical Expense N/A	$0
Other	

MISCELLANEOUS:

How much can you borrow? $ N/A $0 From whom? N/A $0

When did you file your last income tax return? 2021 Amount of refund: $ 500

PERSONAL REFERENCES: (These persons must be able to verify information provided.)

Name	Address	Phone	Years Known
Mary Ann Konberger	119 Lamsden Dr. Albrightsville, PA 18210	5708569753	1
Michael Konberger	119 Lamsden Dr. Albrightsville, PA 18210	5708587949	31

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: 07/22/2026

Bryan C. Konberger
Typed/printed

Bryan C
Signature