

WEST VIRGINIA PUBLIC DEFENDER SERVICES
AFFIDAVIT: ELIGIBILITY FOR APPOINTED OR PUBLIC DEFENDER COUNSEL

NAME: _____
ADDRESS: _____

CONTACT PHONE: _____
DATE OF BIRTH: _____
SOCIAL SEC. # _____ - _____ - _____

CASE NO.(S) _____ COURT? MAGISTRATE CIRCUIT COUNTY SUPREME

CHARGE(S): _____

CASE TYPE-SPECIFY: FELONY MISDEMEANOR PROBATION REVOC JUVENILE MENTAL HYGIENE
ABUSE & NEG EXTRADITION CONTEMPT OTHER-SPECIFY _____

BOND AMOUNT: _____ WERE YOU ABLE TO MAKE BOND? YES NO
DO YOU PLAN TO HIRE PRIVATE COUNSEL? YES NO HAVE YOU TRIED TO HIRE PRIVATE COUNSEL? YES NO
RESULT: _____

GROSS MONTHLY INCOME from ALL sources: Employer _____; Spouse's Employment; _____; 2nd Job _____;
Self-employment _____; Public Assistance _____; Food Stamps _____; Unemployment _____;
Benefits _____; Disability Benefits (Worker's Comp/VA/Social Security) _____; Social Security/SSI; _____;
Alimony/Child Support Received _____; Pensions _____; Rental Income _____; Interest _____; Dividends _____;
Annuities _____; ODD JOBS _____ OTHER (Specify): _____
MONTHLY TOTAL FROM ALL SOURCES \$ _____

NAMES OF DEPENDENTS SUPPORTED BY YOU:

	LAST NAME	FIRST NAME	RELATIONSHIP	AGE	DISABILITIES	
1.	_____	_____	_____	_____	_____	
2.	_____	_____	_____	_____	_____	TOTAL NO. OF
3.	_____	_____	_____	_____	_____	DEPENDENTS
4.	_____	_____	_____	_____	_____	YOU SUPPORT _____
5.	_____	_____	_____	_____	_____	
6.	_____	_____	_____	_____	_____	

TOTAL ASSETS: Cash \$ _____; Checking/Savings Accounts \$ _____ Monies Owed to You \$ _____; Tax Refunds Due \$ _____
Value of Real Estate (other than your residence) \$ _____; Vehicles: Model/Year _____, _____; Spouse's
Vehicle _____; Stocks \$ _____; Bonds _____; Notes \$ _____; OTHER? _____ \$ _____

TOTAL MONTHLY EXPENSES: Rent/Mortgage \$ _____; Car Payment \$ _____; Loan Payments \$ _____;
Utilities (gas/elect/phone/water/sewage/heat) \$ _____; Job-Related Expenses (uniform/transportation/protective equipment/insurance premiums/
child care/health care) \$ _____; Alimony \$ _____; Child Support \$ _____; Other One-Time Debts You Currently Owe
(Medical Bills/Car/Home Repairs) \$ _____ **TOTAL EXPENSES \$** _____

WARNINGS!

(1) False Swearing May Result in Criminal Prosecution (2) The Information In This Affidavit is NOT Confidential and May Be Made Available to Other Persons!

I understand that by Court Order as a condition of probation or otherwise, I may be held responsible for repayment of court costs and the cost of my attorney to the extent determined to be reasonable in relation to my financial circumstances, and that such court order will become a valid judgment against me until paid.

DATE: _____ SIGNATURE: _____

Taken, subscribed, and sworn or affirmed before me by _____ this _____ day of

_____, _____, in _____ County, WV.

NOTARY PUBLIC/MAGISTRATE/AUTHORIZED COURT PERSONNEL