

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; \_\_\_\_\_; 2<sup>nd</sup> 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 DEPENDENTS YOU SUPPORT _____
3.	_____	_____	_____	_____	_____	
4.	_____	_____	_____	_____	_____	
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