

**SUPREME COURT OF APPEALS OF WEST VIRGINIA
AFFIDAVIT: ELIGIBILITY FOR APPOINTED OR PUBLIC DEFENDER COUNSEL**

NAME: _____ CONTACT PHONE: _____
 ADDRESS: _____ DATE OF BIRTH: _____
 SOCIAL SEC. #: XXX-XX- _____

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

CHARGES: _____

CASE TYPE: 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 _____
(Workers' Comp/VA/Social Security)
 Social Security/SSI _____
 Alimony/Child Support Rcvd _____
 Pension _____
 Rental Income _____
 Interest _____
 Dividends _____
 Annuities _____
 Odd Jobs _____
 Other _____
 (Explain) _____

MONTHLY TOTAL (all sources) _____

TOTAL ASSETS:

Cash _____
 Checking/Savings Accounts _____
 Monies Owed to You _____
 Tax Refunds Due _____
 Value of Real Estate _____
(other than your residence)
 Stocks _____
 Bonds _____
 Notes _____
 Other _____
 (Explain) _____

TOTAL ASSETS _____

VEHICLE(S):
 List Model and Year...

SPOUSE'S VEHICLE(S):

TOTAL MONTHLY EXPENSES:

Rent/Mortgage _____
 Car Payments _____
 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 _____

**TOTAL
 MONTHLY EXPENSES** _____

ONE-TIME EXPENSES:
 Other one-time debts
 you currently owe _____
(Medical Bills/Car/Home Repairs)
 (Explain) _____

NAMES OF DEPENDANTS SUPPORTED BY YOU:

LAST NAME	FIRST NAME	RELATIONSHIP	AGE	DISABILITIES	
1. _____	_____	_____	_____	_____	
2. _____	_____	_____	_____	_____	
3. _____	_____	_____	_____	_____	
4. _____	_____	_____	_____	_____	
5. _____	_____	_____	_____	_____	Total Number of Dependents you support: _____
6. _____	_____	_____	_____	_____	

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 judgement against me until paid.

DATE: _____ SIGNATURE: _____

Taken, subscribed, and sworn or affirmed before me by _____ this ____ day of _____, _____, in _____ County, WV.