IN THE	COURT OF	COUNTY, WEST VIRGINIA					
		Case No.					
Plaintiff or Petitioner	· V.	Defendant or Respondent					
	OR FOR COSTS AS	OR SECURITY IN A CIVIL OR DOMESTIC CASE					
A. Information for th	e Applicant:						
	to file and carry on your civil proceed required, if the court finds that you n	eding without giving security or paying fees or costs that neet the official financial guidelines.					
-		ne if the costs of either a polygraph examination, required quired by W.Va. Code § 62-11D-3, will be paid by the					
_	nrate affidavit and application anytim the court orders you to do so.	e your financial situation no longer meets the official					
security numbers an	You must attach a copy of your most recent salary stub, W-2 form, or other financial documentation (with all soci security numbers and all dates of birth removed [you can black them out]) that verifies your income. Without the attached documentation, your application will be incomplete and not considered.						
	t any time you may request or the court may require review of your eligibility for a waiver; and at any time the ourt may require you to pay fees or costs previously waived or to pay future fees or costs.						
information sought,	When you sign this form, you will have to swear or affirm that you have completely and truthfully provided all information sought, to the best of your knowledge and ability. <i>If you knowingly give any incomplete and/or fals information, you may be prosecuted for the crime of false swearing</i> .						
7. The information you	give in this form will be confidentia	al only in a domestic violence or a divorce case.					
8. Except for signature	s, all information must be clearly pri	nted.					
B. Information about	You and Your Case:						
1a. Name:		_ 1b. Telephone Number:					

1c. Address:

2 1	Describe what is involved in your case:			Case N	Case No.					
<i>Z</i> . 1	Describe what is involv	ed in your case:								
20	Do you have a lawyer	9 Vos No								
3a. Do you have a lawyer? Yes No										
b. Have you paid or will you have to pay your lawyer? Yes No										
c. Will you have to pay your lawyer only if you win? Yes No										
4. Check if seeking waiver for:										
Cost of required polygraph examination (W.Va. Code § 62-11D-2); and/or										
	Cost of required ele	ectronic monitori	ng (<i>W.Va. Code</i> § 62	-11D-3).						
C.	Information about Yo	our Financial Sit	tuation:							
1a.	What is your current y	<u>rearly</u> net (take-h	ome) income from a	<u>ll</u> sources:						
	Employer:	\$	Second Job:	\$	Self-Employment:	\$				
	Public Assistance:	\$	Food Stamps:	\$	Unemployment:	\$				
	Benefits:	\$	Disability Benefits:	\$	Social Security/SSI:	\$				
	Alimony:	\$	Pensions:	\$	Rental Income:	\$				
	Interest:	\$	Dividends:	\$	Annuities:	\$				
	Odd Jobs:	\$	Other:	\$	(specify):					
	YEARLY TOTAL:	\$								
Ple	ase remember to attac	ch financial docu	iments which verify	this information	1					
	If your listed income i		·			food stamp				
	information):	is zero (0), prease	explain below and a	uach some verm	Lation (i.e. Diffix of	1000 stamp				
	information).									
29	List the names and rel	ationshins to you	of all the persons sur	poorted by this in	come whether or not	t they are				
2a.	household members (p					•				
	nousenoid memoers (p	orovidoa, mai mo	se persons can se en	inica as acpender	ns on your reactur tal	11000111).				
2b.	2b. What is the total number of dependents, including yourself?									
	How much money do you, individually or jointly, have in cash, checking and savings accounts, deposit certificates and/or bonds (liquid assets)? \$									

SCA-C&M201: Financial Affidavit and Application
Revised: 12/14/2016; ¬WVSCA Approved Date: 03/23/2011; Docket Code(s): MCMWF

	Case No.								
4a. List your regular <u>m</u>	onthly househol	d debt-payment and oth	er expenses:						
Mortgage/Rent:	\$	Car Payment:	\$	Loan Payments:	\$				
Credit Card Payments:	\$	Other Debt Payments:	\$	Utilities:	\$				
Cell Phone:	\$	Food:	\$	Child Care:	\$				
Child Support:	\$	Alimony:	\$	Medical Bills:	\$				
Other Expenses:									
4b. What is the total ar	nount of these m	onthly expenses?	\$						
5a. List all cars, trucks	, motorcycles, or	recreational vehicles (a	ll-terrain vehicle	es, motor homes, sno	owmobiles, boats),				
	•	ar, that you own, individ			-, ··· - /,				
<i>5</i>	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	J J J						
Sh What is the total	due of these its	as loss ones are sent and	ე ტ		•				
		as less any amount owed			_				
	houses, lots, land	d, rental property, other	commercial proj	perty) that you, indi-	vidually or jointly,				
own.									
6b. What is the total va	lue of these items	s less any amount owed	? \$		_				
7. What would the cor	7. What would the consequences be for you if a waiver of fees, costs, or security is denied?								
8. This application con	sists of three (3)	pages and	pages of su	apporting financial d	ocuments.				
	.1 · C T	(1) (1	1 ,	1. 1.6.1	1 1.11.				
		ar to or affirm: (1) the co	•		best of my ability				
and knowledge, of the i	mormation i nav	e provided and (2) my b	enei mai i nave	a right to a warver.					
Signature of Affiant-Ap	oplicant:								
		ed before me, by the pers			on this				
day of		, 20, in _		Cou	nty, West Virginia.				
Signature of Notary (Cl	erk or Deputy C	lerk):			_				
		For Court Use O							
The affiant's application	n for a waiver is	(clerk: initial one)	•	granted	denied.				

Date: _____ Signature of Clerk or Deputy: _____