

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 ☐
ADDITIONAL CASE NO.(S): _____
CHARGES: _____
CASE TYPE: FELONY ☐ MISDEMEANOR ☐ PROBATION REVOC ☐ JUVENILE ☐ MENTAL HYGIENE ☐
ABUSE & NEG ☐ EXTRADITION ☐ CONTEMPT ☐ OTHER-SPECIFY: _____
Were you able to make bond? YES ☐ NO ☐
BOND AMOUNT: \$ _____ Have you tried to hire Private Counsel? YES ☐ NO ☐
Do you plan 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. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

**Total Number
of Dependents
you support: _____**

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.