

**FINANCIAL STATEMENT – ELIGIBILITY DETERMINATION  
FOR INDIGENT DEFENSE SERVICES Commonwealth of Virginia  
PRESUMPTIVE ELIGIBILITY**

Case No. ....

VA. CODE § 19.2-159

I currently receive the following type(s) of public assistance in .....  
CITY/COUNTY

TANF \$ .....  Medicaid  Supplemental Security Income \$ .....

SNAP (food stamps) \$ .....  Other (specify type and amount) .....

I currently do not receive public assistance.

Names and address of employer(s) for defendant and spouse:

Self .....

Spouse (not applicable if alleged victim) .....

**NET INCOME:**

Pay period (weekly, every second week, twice monthly, monthly) ..... **Self** ..... **Spouse** .....

Net take home pay (salary/wages, minus deductions required by law) ..... \$ ..... .....

Other income sources (please specify) .....  
..... \$ .....

**EMPLOYMENT HISTORY:**

Were you employed at the time of your arrest?  yes  no  
If yes, my net take home pay was  per week  month \$ .....  
If no, length of time since last employed? .....  
Total wages earned last calendar year? \$ .....

COURT USE ONLY

**TOTAL INCOME** \$ ..... + ..... = A

**ASSETS:**

Cash on hand ..... \$ ..... .....

Bank Accounts at: ..... \$ ..... .....

Any other assets: (please specify) .....  
..... with a value of ..... \$ ..... .....

Real estate – \$ ..... NET VALUE ..... \$ ..... .....

Motor Vehicles { ..... YEAR AND MAKE ..... with net value of ..... \$ ..... .....

Other Personal Property: (describe) ..... \$ ..... .....

COURT USE ONLY

**TOTAL ASSETS** \$ ..... + ..... = B

..... Number in household defendant has financial responsibility for, including defendant.

**EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)**

Medical Expenses (list only unusual and continuing expenses) ..... \$ .....

Court-ordered support payments/alimony ..... \$ .....

deducted from paycheck  not deducted from paycheck

Child-care payments (e.g. day care) ..... \$ .....

Other (describe): ..... } \$ .....

COURT USE ONLY

**This statement is made under oath. Any false statement may constitute a violation of law under Virginia Code § 19.2-161 and be subject to criminal penalty, including incarceration.**

**TOTAL EXPENSES** \$ ..... = C

COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds =  

I hereby state that the above information is correct to the best of my knowledge.

Name of defendant (type or print) .....

..... DATE ..... SIGNATURE .....

Sworn/affirmed and signed before me this day.

..... DATE ..... SIGNATURE ..... TITLE .....