
Using This Form

1. Copies

Original – to court.

2. Prepared by person seeking a court-appointed attorney, attested by appropriate official or notary public.

3. Attachments – none.

4. Preparation details

a. Any person seeking a court-appointed attorney under §§ 16.1-266 or 19.2-159 or 19.2-160 to represent him or her must complete this form. If a juvenile seeks a court-appointed attorney, his or her parents, guardian, legal custodian or other person standing in *loco parentis* must also complete this form.

b. Many individuals will need assistance in preparing this form.

c. Amounts in Data Element Nos. 5 through 7 and 14 through 20 should reflect both the amounts earned by each applicant and spouse and the value of assets which each applicant and spouse own. If assets are jointly owned by the applicant and spouse and the extent of ownership is not easily ascertainable, assume that the applicant owns 100% of property for the purpose of completing this financial statement.

d. If the spouse was the victim of an offense committed by the applicant, do not include any employment, income, asset or expenses information about such spouse in Data Element Nos. 4 through 26.

e. No independent verification of data contained in the financial statement is required. The verification of any part or all of the financial statements remains in the discretion of the judge, either on a case-by-case basis or on all financial statements.

FINANCIAL STATEMENT – ELIGIBILITY DETERMINATION FOR INDIGENT DEFENSE SERVICES

Case No. 1

Commonwealth of Virginia VA. CODE § 19.2-159

PRESUMPTIVE ELIGIBILITY

I currently receive the following type(s) of public assistance in

2 [] TANF \$ [] Medicaid [] Supplemental Security Income \$ [] SNAP (food stamps) \$ Other (specify type and amount)

3 I currently do not receive public assistance.

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

Self 4

Spouse (not applicable if alleged victim) 4

NET INCOME:

Pay period (weekly, every second week, twice monthly, monthly) Self 5 Spouse

Net take home pay (salary/wages, minus deductions required by law) \$ 6

Other income sources (please specify) \$ 7

EMPLOYMENT HISTORY:

8 Were you employed at the time of your arrest? [] yes [] no
9 If yes, my net take home pay was [] per week [] month \$ 9
10 If no, length of time since last employed?
11 Total wages earned last calendar year? \$ 11

TOTAL INCOME \$ 12 + 12 = 13 A

ASSETS:

Cash on hand \$ 14

Bank Accounts at: 15 \$ 15

Any other assets: (please specify)

16 with a value of \$ 16

Real Estate - \$ 17 NET VALUE \$ 17

Motor Vehicles { 18 YEAR AND MAKE with net value of \$ 18
18 YEAR AND MAKE with net value of \$ 18

Other Personal Property: (describe) 19 \$ 19
TOTAL ASSETS \$ 20 = 21 B

22 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) \$ 23

Court-ordered support payments/alimony \$ 24

24 [] deducted from paycheck [] not deducted from paycheck

Child-care payments (e.g. day care) \$ 25

Other (describe): } \$ 26

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

TOTAL EXPENSES \$ 27 = 27 C
COLUMN "A" plus COLUMN "B" minus COLUMN "C" equals available funds = 28

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

Name of defendant (type or print) 29

30 DATE 31 SIGNATURE

Sworn/affirmed and signed before me this day.

32 DATE 33 SIGNATURE 34 TITLE

Data Elements

1. Court case number.
2. If receiving public assistance, check and insert name of city or county and, if receiving aid from another state or the District of Columbia, insert the name of such state or the District of Columbia. Also check the applicable boxes and, if applicable, complete the blank lines.
3. If not receiving public assistance, check this box.
4. Names and addresses of employers of the person seeking a court-appointed attorney and of the spouse of such person.
5. Description of interval between pay periods (weekly, every two weeks, twice monthly, monthly).
6. **Annual** net take-home pay.
7. Describe other income sources and total **annual** amounts.
8. Check appropriate box.
9. If answer to Data Element No. 8 is yes, check appropriate box and enter dollar amount of take home pay.
10. If answer to Data Element No. 8 is no, enter length of time since last employment.
11. Enter dollar amount of total wages earned last calendar year.
12. Total of Data Element Nos. 6 and 7.
13. Total of both columns of Data Element No. 12.
14. Amount of cash in the immediate possession of the applicant and his spouse.
15. Amount of funds in checking or savings accounts, whether in a bank, savings and loan, credit union or other similar financial institution. List name of institution.
16. Describe other assets readily convertible to cash and total value of such items.
17. Show total net value (fair market value less all debts secured by deed of trust or lien) of all real estate owned by the applicant and his or her spouse.
18. Show year, make, model and net value (current sale price less debts and other liens secured by the automobile).
19. Describe all personal property readily convertible to cash and its fair market value. Exclude property exempt from attachment.
20. Total of Data Element Nos. 14 through 19.
21. Total of both columns of Data Element No. 20.
22. Total number of individuals in household for whom defendant has financial responsibility, including defendant.
23. Amount of unusual, continuing medical expenses, if applicable to applicant's family.
24. Amount of all court-ordered support and/or alimony (spousal support). Check appropriate box to indicate if deducted or not deducted from paycheck.
25. Amount of child care expenses, if any.
26. Amounts and descriptions of all other exceptional expenses.
27. Total amount of all such exceptional expenses.
28. Total of Data Element No. 13 plus Data Element No. 21 minus Data Element No. 27.
29. Applicant's name either typed or hand-printed
30. Date of signing.
31. Signature of applicant.
32. Date of attestation.
33. Signature of person taking attestation.
34. Title of person taking attestation.