

**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