

PRESUMPTIVE ELIGIBILITY:

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

- TANF \$, Food Stamps \$, Medicaid, Supplemental Security Income \$, Other (specify type and amount)

I currently do not receive public assistance.

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

Self

Spouse

NET INCOME:

Table with columns: Self, Spouse, and COURT USE ONLY. Rows include Pay period, Net take home pay, Other income sources, and TOTAL INCOME.

ASSETS:

Table with columns: Self, Spouse, and COURT USE ONLY. Rows include Cash on hand, Bank Accounts, Real estate, and Motor Vehicles.

Other Personal Property: (describe)

Table with columns: Self, Spouse, and COURT USE ONLY. Includes TOTAL ASSETS and Number in household.

EXCEPTIONAL EXPENSES (Total Exceptional Expenses of Family)

Table with columns: Self, Spouse, and COURT USE ONLY. Rows include Medical Expenses, Court-ordered support payments, Child-care payments, and Other.

This statement is made under oath: Any false statement of a material fact to any question contained herein shall constitute perjury under the provisions of § 19.2-161 of the Code of Virginia. The maximum penalty for perjury is confinement in the penitentiary for a period of ten years.

Table with columns: Self, Spouse, and COURT USE ONLY. Includes TOTAL EXPENSES and calculations for 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