

INDIGENCY SCREENING FORM

CONFIDENTIAL

SUPERIOR/DISTRICT COURT

[Per RCW 10.101.020(3)]

Name _____

Address _____

City _____ State _____ Zip _____

1. Place an "x" next to any of the following types of assistance you receive:

- | | |
|--|---|
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Poverty Related Veterans' Benefits |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Refugee Settlement Benefits |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other – Please Describe _____ |
| <input type="checkbox"/> General Assistance | _____ |

{If you marked an "x" by any of the above, please stop here and sign at # 14 below.}

2. Do you work or have a job? yes no. If so, take-home pay: \$_____

Occupation: _____ Employer's name & phone #: _____

3. Do you have a spouse or state registered domestic partner who lives with you? yes no.

Does she/he work? yes no. If so, take-home pay: \$_____

Employer's name: _____

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? yes no.

If so, which one? _____ Amount: \$_____

5. Do you receive money from any other source (include contributions for basic living expenses from any person that lives with you or family members other than a spouse or state registered domestic partner)? yes no If so, how much? \$_____

6. Do you have children residing with you? yes no. If so, how many? _____

7. Including yourself, how many people in your household do you support? _____

8. Do you own a home? yes no. If so, value: \$_____ Amount owed: \$_____

9. Do you own a vehicle(s)? yes no. If so, year(s) and model(s) of your

vehicle(s): _____ Amount owed: \$ _____

10. How much money do you have in checking/saving account(s)? \$ _____

11. How much money do you have in stocks, bonds, or other investments? \$ _____

12. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as **child support** payments, **court-ordered** fines or **medical** bills, etc.? If so, describe: _____

13. Do you have money available to hire a private attorney? ___yes ___no.

14. ***Please read and sign the following:***

I understand the court may ask for verification of the information provided above. I agree to immediately report any change in my financial status to the court.

"I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)

Signature

Date

City

State

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

_____ Eligible for a public defender at no expense, unless convicted.

_____ Eligible contingent on providing proof of income and/or \$10.00 filing fee

_____ Eligible for a public defender but must contribute \$ _____

_____ Re-screen in future regarding change of income (e.g. defendant works seasonally)

_____ Not eligible for a public defender

JUDGE/SCREENER

NOTICE

PROOF OF YOUR FINANCIAL STATUS
MUST BE TURNED IN WITH YOUR
APPLICATION OR IT WILL NOT BE
REVIEWED.

There is a \$10.00** filing fee for EVERY application for Indigency Determination.

If you are applying for a public defender, please be prepared to pay the application fee and provide proof of your financial status at the time you submit your application.

The following documents are acceptable-

Pay stubs
Unemployment statements
Disability confirmation
Income tax return

********If you do not have any of the above you MUST supply a notarized letter from person or persons contributing to your support. ********

****If you do not have the money to pay the filing fee at the time; please notify the clerks at District Court and arrangements can be made.**