

INDIGENCY SCREENING FORM

CONFIDENTIAL
[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"/> Disability Lifeline Benefits |
| <input type="checkbox"/> Other – Please Describe _____ | |

{If you marked an "x" by any of the above, please stop here and sign at # 15 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? 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. How much are your routine living expenses (rent, food, utilities, transportation) \$_____
13. 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: _____
14. Do you have money available to hire a private attorney? ____yes ____no

15. ***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

_____ 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