

INDIGENCY SCREENING FORM

CONFIDENTIAL
[Per RCW 10.101.020(3)]

Name _____

Address _____

City _____ State _____ Zip _____

Prior Address (if less than 2 years at current) _____

City _____ State _____ Zip _____

Date of birth _____ Phone Number _____

1. Place an "x" next to any of the following types of assistance **you presently receive and are qualified for. DO NOT check any if you have applied for them but have not been approved yet:**

- | | |
|---|--|
| <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 | _____ |

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

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: \$ _____/month

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: \$ _____/month

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? \$ _____/month

6. Do you have children under 18 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 also understand
that the court or designated persons/agencies may verify the information I have provided
using commercial or consumer databases and I consent to such verification.**

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

Signature

Date

City

State

FOR COURT/OPD 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/Designee