

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 _____ |  |

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

<p><b><u>FOR COURT USE ONLY - DETERMINATION OF INDIGENCY</u></b></p> <p>_____ Eligible for a public defender at no expense, unless convicted</p> <p>_____ Eligible for a public defender but must contribute \$_____</p> <p>_____ Re-screen in future regarding change of income (e.g. defendant works seasonally)</p> <p>_____ Appointed contingent on paying \$10 screening fee and providing proof of income</p> <p>_____ Income exceeds guidelines-not eligible for public defender</p>
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\_\_\_\_\_  
Court Administrator/Judge

# 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 EACH application for Indigency Determination for Public Defender.

**If you are applying for a public defender or waiver of fees for a civil case, please be prepared to pay the application fee (no application fee for waiver of fee for civil case). You are also REQUIRED to provide proof of your financial status at the time you submit your application for all applications. Forms WILL NOT be reviewed until proof of income or notarized letter have been provided.**

**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.**