

**JEFFERSON COUNTY DISTRICT COURT**  
1820 JEFFERSON ST/PO BOX 1220 PORT TOWNSEND WA 98368  
360 385 9135  
<http://www.co.jefferson.wa.us/343/District-Court>

## **HOW TO APPLY FOR A COURT APPOINTED ATTORNEY**

You do not need to make an appointment. Please appear at the front counter with your paperwork completed and the items from the checklist below (see back of application for resources on where to obtain documents). District Court is open Monday-Friday from 8:30am to 4:30pm. Your application will NOT be screened until we have all the necessary proof of income and/or bills. Applications should be turned in within **7 days** of arraignment. If we have not screened you, at least 2 working days prior to your next court date we will not be able to provide you with counsel for that date.

**YOU MUST BRING ALL DOCUMENTS WITH YOU. INCOMPLETE APPLICATIONS WILL NOT BE SCREENED WITHOUT COMPLETE DOCUMENTS.**

### CHECKLIST OF WHAT TO BRING WITH YOU:

- \$10.00 screening fee
- EMPLOYMENT- Bring pay stubs for wages received for the past 2 months for you and/or your spouse.
- SELF-EMPLOYMENT-Bring a current profit/loss statement, statement of net worth or quarterly income statement, or a signed copy of most recent federal income tax return or proof of non-filing status.
- UNEMPLOYMENT COMPENSATION-Bring computer printout showing total benefits available and amount received each month, or statements showing you are not eligible for benefits.
- PUBLIC ASSISTANCE, SOCIAL SECURITY, OR VETERAN'S BENEFITS-Bring letter and/or copy of last check received, or 3 most recent bank statements showing direct deposit.
- INTEREST INCOME, INHERITANCE, OR SETTLEMENTS-Documentation showing income
- ASSETS- Documentation of any personal items of value (including property)
- NO PROOF OF INCOME-Bring a notarized letter from the person supporting you or someone who can verify how you are supporting yourself.

**You may be asked to provide further financial documentation such as proof of basic living and/or proof of unusual living expenses- see back of application for requirements.**

APPLICATION FOR PUBLIC DEFENDER

( ) Dist Crt ( ) Sup Crt

YOUR NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

PRESUMPTIVE ELIGIBILITY:

DEFENDANT RECEIVES- AFDC GAU FOOD STAMPS SSI VA MEDICAID WIC MED CORP ADATSA
OTHER (Specify): \_\_\_\_\_

MONTHLY INCOME:

Present Employer (Name, Address & Phone #) How Long Employed Hours worked per week

Spouse's Employer (Name, Address & Phone #) How Long Employed Hours worked per week

APPLICANT'S MONTHLY TAKE HOME PAY (After Taxes) \$
SPOUSE'S MONTHLY TAKE HOME PAY (After Taxes) \$
NON-POVERTY BASED ASSISTANCE (Unemployment, Social Security, L&I, etc.) \$
OTHER INCOME (Child Support, Spousal Maintenance, Rental Income, etc.) \$
TOTAL MONTHLY INCOME: \$

SUPPORT OBLIGATIONS:

TOTAL NUMBER OF DEPENDENTS (Include Yourself): \_\_\_\_\_

MONTHLY EXPENSES (For Applicant & Dependents):

BASIC MONTHLY LIVING EXPENSES: RENT/MORTGAGE PHONE ELECTRICITY
WATER/SEWER LIFE/HOUSE INSURANCE TRANSPORTATION TO WORK
CAR PAYMENT CAR INSURANCE GAS FOOD

TOTAL BASIC LIVING EXPENSES

COURT IMPOSED OBLIGATIONS (Specify Monthly Amount) \$
BAIL/BOND PAID (This Offense) \$
OTHER (Unusual) EXPENSES (Specify) \$
(Medical Bills, Child Support, Prior Attorney Fees, Past Due Utility, Rent, IRS Payments, Union Dues, Collection Agency, etc)

TOTAL MONTHLY EXPENSES

TOTAL INCOME MINUS TOTAL EXPENSES EQUALS DISPOSABLE NET MONTHLY INCOME \$

LIQUID ASSETS:

CASH (On Hand/On Books, Savings, Checking, Bank Accounts) \$
STOCKS, BONDS, CERTIFICATES OF DEPOSIT \$
EQUITY IN REAL ESTATE \$
EQUITY IN MOTOR VEHICLE NOT REQUIRED FOR WORK \$
EQUITY IN ADDITIONAL VEHICLES \$
PERSONAL PROPERTY (Boats, stereo, VCR, Jewelry, Guns, etc.) \$
TOTAL LIQUID ASSETS \$

AFFIDAVIT AND NOTIFICATION

I, \_\_\_\_\_ (print name), do hereby certify and declare under penalty of perjury under the Laws of the State of Washington, that the foregoing is true and correct (RCW 9A.72.085). By my signature below, I authorize the court or its designee to verify all information provided here. Verification may include a credit report. I further swear to immediately report any change in financial status to the court. I understand if bail is imposed in this matter or if my financial condition changes, I may request a re-determination.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

COURT USE ONLY

DETERMINATION OF INDIGENCY:

A. DISPOSABLE NET MONTHLY INCOME \$
B. TOTAL LIQUID ASSETS \$
C. TOTAL AVAILABLE FUNDS (A plus B) \$

( ) Indigent ( ) Indigent and able to contribute level at E 1 2 3
( ) Indigent contingent on proof of income and/or screening fee ( ) Not Eligible ( ) In custody

Date: \_\_\_\_\_

Judge or Designee

# PLEASE PROVIDE ALL OF THE FOLLOWING PROOF OF INCOME THAT APPLIES TO YOUR LIVING SITUATION

**EMPLOYMENT:** BRING EVERY PAY STUB FOR WAGES RECEIVED FOR PAST 2-3 MONTHS FOR YOU AND/OR YOUR SPOUSE.

**SELF-EMPLOYMENT:** BRING A CURRENT PROFIT/LOSS STATEMENT, STATEMENT OF NET WORTH OR QUARTERLY INCOME, OR A SIGNED COPY OF MOST RECENT FEDERAL INCOME TAX RETURN OR PROOF OF NON-FILING STATUS. **IRS PHONE:** 1-800-829-1040

**UNEMPLOYMENT:** BRING **COMPUTER PRINTOUT** SHOWING TOTAL BENEFITS AVAILABLE & AMOUNT RECEIVED EACH MONTH OR STATEMENTS SHOWING YOU ARE NOT ELIGIBLE FOR BENEFITS. **PHONE:** WASHINGTON UNEMPLOYMENT CLAIMS TELECENTER: 1-800-318-6022

**PUBLIC ASSISTANCE, SOCIAL SECURITY, LABOR & INDUSTRIES OR VETERANS BENEFITS:** BRING LETTER AND/OR COPY OF LAST CHECK RECEIVED, OR 3 MOST RECENT BANK STATEMENTS SHOWING DIRECT DEPOSIT.

**INTEREST INCOME, INHERITANCE OR SETTLEMENTS:** DOCUMENTATION SHOWING INCOME.

**ASSETS:** DOCUMENTATION OF ANY PERSONAL ITEMS OF VALUE (INCLUDING PROPERTY)

**FOOD STAMP/TANIF RECIPIENT:** PROVIDE CURRENT AWARD LETTER FROM DSHS. **PHONE:** 1-877-501-2233 FOR DSHS

**NO PROOF OF INCOME?** PLEASE PROVIDE A **NOTARIZED** LETTER FROM THE PERSON SUPPORTING YOU OR SOMEONE WHO CAN VERIFY HOW YOU ARE SUPPORTING YOURSELF.

## **YOU MAY ALSO BE REQUIRED TO BRING**

**PROOF** of basic living expenses in your name such as receipts for rent or mortgage, utilities, phone, car payments, insurance payments, child support or care, etc.

**PROOF** of any other unusual living expenses such as medical bills, collection debts, court obligations etc.