

For Court Use Only

- 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

INDIGENCY SCREENING FORM

CONFIDENTIAL (RCW 10.101.020(3))

1. What is your name and address?											
2. Do you receive any of the following benefits? (Mark with an "x" if yes)											
<input type="checkbox"/> Welfare <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Pregnant Women Assistant Benefits	<input type="checkbox"/> Poverty Related Veterans' Benefits <input type="checkbox"/> Temporary Assistance for Needy Families <input type="checkbox"/> Refugee Settlement Benefits <input type="checkbox"/> Aged, Blind or Disabled Assistance Program										
If you receive any of these benefits, skip the rest of the questions and sign the bottom.											
3. Do you provide support to people who live with you? <input type="checkbox"/> yes <input type="checkbox"/> no How many? _____ Age(s): _____											
4. Are you employed? <input type="checkbox"/> yes <input type="checkbox"/> no Employer's name and phone number: _____	5. Do you have money to hire a private attorney? <input type="checkbox"/> yes <input type="checkbox"/> no										
6. Monthly income? Monthly wages or salary: \$ _____ Spouse's wages or salary: \$ _____ Other income: \$ _____ Total net monthly income: \$ _____	7. Monthly expenses and debts? Rent/House payment: \$ _____ Food: \$ _____ Utilities: \$ _____ Transportation: \$ _____ Insurance: \$ _____ Medical & Dental: \$ _____ Child Care: \$ _____ Other: \$ _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name of Creditor</th> <th style="text-align: left;">Amount Owed</th> </tr> </thead> <tbody> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </tbody> </table> Total expenses and debts: \$ _____	Name of Creditor	Amount Owed	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
Name of Creditor	Amount Owed										
_____	\$ _____										
_____	\$ _____										
_____	\$ _____										
_____	\$ _____										
8. What assets do you own? Money in checking account(s): \$ _____ Money in savings account(s): \$ _____ Cash: \$ _____ Value of stocks and bonds: \$ _____ Value of vehicles, boats, RV, etc.: \$ _____ Home equity: \$ _____ Other: \$ _____ Total assets: \$ _____											
9. Read and sign the following: I understand that 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 crime.)											
Date: _____	Signature: _____										