

**BENTON COUNTY DISTRICT COURT
APPLICATION FOR COURT APPOINTED ATTORNEY**

_____ **FULL NAME**

_____ **CASE NUMBER**

I declare I am financially unable to hire an attorney. I submit the following information to determine if I am eligible for a court appointed attorney. I understand that I may be required to pay a \$200 attorney fee. I also understand that this information may be used to determine my ability to pay any fines or costs that may be imposed.

Mark any of the following that you receive:

- | | |
|--|---|
| <input type="checkbox"/> Welfare | <input type="checkbox"/> SSDI/SSI (Supplemental Security Income) |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Poverty Related Veteran's Benefits |
| <input type="checkbox"/> Pregnant Women Assistance Benefits | <input type="checkbox"/> Other – Please describe: _____ |
| <input type="checkbox"/> Aged, Blind or Disabled Assistance Program | |

Are you homeless? (YES NO)

Are you employed? (YES NO) Monthly take home pay: \$_____ Employer: _____

IF UNEMPLOYED, who supports you? _____

Do you receive unemployment, Social Security, pensions, workers compensation or money from any other source? (YES NO) If so, which one _____ & how much? \$_____

Do you have a spouse/partner who lives with you? (YES NO) Is he/she employed? (YES NO)

Spouse/partner monthly take-home pay: \$_____ Employer: _____

Does your spouse/partner receive unemployment, Social Security, pensions, workers compensation or money from any other source? (YES NO) If so, which one _____ & how much? \$_____

Do you have children residing with you that you support? (YES NO) If so, how many? _____

INCLUDING YOURSELF, how many people in your household do you support? _____

How much money do you have in checking/savings accounts? \$_____

MONTHLY EXPENSES:

(please write N/A if it does not apply to you)

Rent/Mortgage:	\$	Phone:	\$	Child Support/Alimony:	\$
Utilities:	\$	Vehicle:	\$	Medical/healthcare:	\$
Food:	\$	Legal:	\$	Insurance(s):	\$
				Other:	\$

I UNDERSTAND THE COURT MAY REQUIRE VERIFICATION OF THE INFORMATION PROVIDED ABOVE. I DECLARE 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)

_____ **APPLICANT: TYPE FULL NAME OR SIGN**

_____ **DATE**