

INDIGENCY SCREENING FORM

CONFIDENTIAL

Per RCW 10.101.020(3)

Name _____

Address _____

City _____ State _____ Zip _____

Place an "x" next to any of the following types of assistance you receive:

- Welfare
- Poverty Related Veterans' Benefits
- Food Stamps
- Temporary Assistance for Needy Families
- SSI
- Refugee Settlement Benefits
- Medicaid
- Aged, Blind or Disabled Assistance Program
- Pregnant Women Assistance Benefits
- Other – Please Describe: _____

Recipients of public assistance are presumed indigent, but may be found able to contribute to the costs of their defense under RCW 10.101.010. State v. Hecht, 173 Wash. 2d 92 (2011).

1. Do you have money available to hire a private attorney? Yes [] No [].
2. Do you work or have a job? Yes [] No []. If yes:
 - a. Monthly 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 []. If yes:
 - a. Do they work? Yes [] No []. If yes:
 - b. Monthly take-home pay: \$ _____
 - c. 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 yes:
 - a. Which one? _____ Amount: \$ _____
5. Do you receive money from any other source? Yes [] No []. If yes: how much? \$ _____
6. Do you have children residing with you? Yes [] No []. If yes: how many? _____
7. Including yourself, how many people in your household do you support? _____
8. Do you own a home? Yes [] No []. If yes:
 - a. Value: \$ _____ Amount owed: \$ _____
9. Do you own a vehicle(s)? Yes [] No []. If yes, year(s) and model(s) of your
 - a. 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: _____

Please read and sign the following:

I understand the court may require 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 _____ Kennewick, WA

FOR COURT 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/COMMISSIONER

DATE