

Complete Form and e-mail to:
jj.dependency@co.benton.wa.us

INDIGENCY SCREENING FORM

CONFIDENTIAL
[Per RCW 10.101.020(3)]

Cause Number _____

Name _____

Address _____

City _____ State _____ Zip _____

Prior Address (if less than 2 years at current) _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____

1. Place an "x" next to any of the following types of assistance you presently receive and are qualified for. DO NOT check any if you have applied for them but have not been approved yet:

_____ Welfare	_____ Poverty Related Veterans' Benefits
_____ Food Stamps	_____ Temporary Assistance for Needy Families
_____ SSI	_____ Refugee Settlement Benefits
_____ Medicaid	_____ Other (please describe) _____
_____ General Assistance	

2. Do you work or have a job? ____yes ____no. If yes, take-home pay: \$_____/month
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 yes, take-home pay: \$_____/month
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: \$_____/month

5. Do you receive money from any other source? (include contributions for basic living expenses from any person that lives with you or family members other than a spouse or state registered domestic partner). ____yes ____no If so, how much? \$_____/month

6. Do you have children under 18 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: \$_____

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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. 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: _____

13. Do you have money available to hire a private attorney? ____yes ____no

14. ***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 also understand that the court or designated person/agencies may verify the information I have provided using commercial or consumer databases and I consent to such verification.

"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

FOR COURT/OPD 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