

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:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Welfare</b>            | <input type="checkbox"/> <b>Poverty Related Veterans' Benefits</b>      |
| <input type="checkbox"/> <b>Food Stamps</b>        | <input type="checkbox"/> <b>Temporary Assistance for Needy Families</b> |
| <input type="checkbox"/> <b>SSI</b>                | <input type="checkbox"/> <b>Refugee Settlement Benefits</b>             |
| <input type="checkbox"/> <b>Medicaid</b>           | <input type="checkbox"/> <b>Other (please describe) _____</b>           |
| <input type="checkbox"/> <b>General Assistance</b> |   |

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: \$ \_\_\_\_\_

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