

INDIGENCY SCREENING FORM

CONFIDENTIAL

[Per RCW 10.101.020(3)]

Cause No. _____
(AFIND / FNIND)

Name _____

Address _____

City _____ State _____ Zip _____

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

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

{If you marked an "x" by any of the above, please stop here and sign at #14 below.}

2. Do you work or have a job? yes no. If so, take-home pay: \$ _____ weekly / monthly

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 so, take-home pay: \$ _____ weekly / monthly

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: \$ _____

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? \$ _____ weekly / monthly.

6. Do you have children 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): _____

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 report any change in my financial status to the court immediately.

I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense - see RCW 9A.72)

Signature

Date

City

State

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

_____ Eligible for a public defender at no expense

_____ Eligible for a public defender but must contribute \$_____ per month

_____ Re-screen in future regarding change of income (e.g. defendant works seasonally)

_____ Not eligible for a public defender

JUDGE / COURT COMMISSIONER