

INDIGENCY SCREENING FORM - CONFIDENTIAL Per RCW 10.101.020(3)

Name:		Cause No.
St Address:		Phone No.
City/State:		Zip Code:

1. Place an "x" next to any of the following types of assistance you receive:
- | | |
|--|---|
| <input type="checkbox"/> WELFARE | <input type="checkbox"/> REFUGEE SETTLEMENT BENEFITS |
| <input type="checkbox"/> FOOD STAMPS | <input type="checkbox"/> PREGNANT WOMEN ASST PROGRAM |
| <input type="checkbox"/> SSI DISABILITY | <input type="checkbox"/> AGED, BLIND OR DISABLED ASSISTANCE PROGRAM |
| <input type="checkbox"/> POVERTY RELATED VETERANS' BENEFITS | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> TEMPORARY ASSISTANCE FOR NEEDY FAMILIES | _____ |

YOU MAY BE REQUIRED TO PROVIDE DOCUMENTATION – PUEDE SER REQUERIDO DE PROPORCIONAR DOCUMENTACIÓN
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 St. v Hecht, 173 Wn.2d 92(2011).

2. Do you work/have a job? Yes No If yes, monthly/weekly take home pay \$_____ or
 Hourly Wage _____ & Hours worked in a week _____ .
 Occupation: _____ Employer & Phone No. _____

3. Do you have a spouse/state registered domestic partner who lives with you? Yes No Does he/she
 work? Yes No If yes, take home pay \$_____ Employer: _____

4. Do you and/or your spouse/state registered domestic partner receive unemployment, Social Security, a
 pension, or workers' compensation? Yes No If yes, which one and amount _____

5. Other Assets or Income:

Other Income	Car Value	Cash	House Value	Savings Acct	Check Acct	Other Assets
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

6. Including yourself, how many people in your household are you legally obligated to support? _____
 List their names/relationship/ages: 1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

7. How much are your routine living expenses (rent, food, utilities, transportation, etc.)? \$_____

8. Other than routine expenses such as those in number 7, do you have other expenses such as child
 support payments, court ordered fines or medical bills? If so, attach a sheet describing those expenses.

9. Do you have money available to hire a private attorney? Yes No

10. **READ THE FOLLOWING AND SIGN: I understand the court requires 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, Chapter 9A.72 RCW).**

Signature _____ City, State _____ Date _____
 *****DO NOT WRITE BELOW HERE – COURT USE ONLY *****

See the Reverse of this Document for the Decision APPROVE CONTRIB. DENIED REFUSED TO PROVIDE DOCS

FOR COURT USE ONLY – DETERMINATION OF ELIGIBILITY

Eligible for Public Defender

Eligible for Public Defender but able to contribute

Re-Screen regarding change in income (i.e. seasonal work, laid off, etc.)

Does not qualify for Public Defender

Refused to Provide Documentation Requested - Application Denied

DATE: _____

Judge/Court Clerk