INDIGENCY SCREENING FORM **CONFIDENTIAL**
[Per RCW 10.101.020(3)]

Name_____

Address_____

City_____State_____Zip_____

1. 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** _____**Disability Lifeline Benefits**
_____**Other – Please Describe**_____

{If you marked an "x" by any of the above, please stop here and sign at # 15 below.}

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2. Do you work or have a job? ____yes ____no. If so, 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
   Does she/he work? ____yes ____no If so, take-home pay: $_____

   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? ___ yes ____no If so, how much? $_____
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) 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. 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: _____

14. Do you have money available to hire a private attorney? ____yes _____no

15. ***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 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 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