

INDIGENT SCREENING

NAME: _____
DATE OF BIRTH: _____
ADDRESS: _____

Cause No: _____
Offense(s): _____

Telephone Number: _____

I am single____; divorced____; separated____; married____; have registered domestic partner____; and I am obligated to support the following person(s). Their names, relationship and ages are as follows:

YOU MUST PROVIDE DOCUMENTATION PROOF—NECESITA PRESENTAR DOCUMENTACION

- 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"/> TANF (Temporary Assistance for Needy Families)
<input type="checkbox"/> SSI	<input type="checkbox"/> Refugee Settlement Benefits
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Aged, Blind or Disabled Assistance Program
<input type="checkbox"/> Pregnant Women Assistance Benefits	<input type="checkbox"/> Other – Please describe: _____
- I am employed. My take home pay is \$_____ per month.
My employer's name, address and phone number is as follows:

- Do you receive money from any other source (unemployment, workers compensation, pension, SSI other retirement, ECT.)?

_____ YES _____ NO

If, which one? _____ How much? \$ _____

- Do you have other adults in your household that have an income? _____ YES _____ NO
If so, what is their net pay after taxes? \$ _____
Employer's Name: _____

- OTHER ASSETS/INCOME:

Other income to household	\$ _____	Car/vehicle value	\$ _____
Cash	\$ _____	House value	\$ _____
Savings account	\$ _____	Other assets	\$ _____
Checking account	\$ _____	(stocks bonds investments)	

- EXPENSES:

Rent/Mortgage	\$ _____	Medical	\$ _____
Food	\$ _____	Gas	\$ _____
Utilities	\$ _____	Credit Cards (list)	\$ _____
Child Support	\$ _____		\$ _____
Court Payments	\$ _____	Other:	\$ _____

- DO YOU HAVE MONEY AVAILABLE TO HIRE A PRIVATE ATTORNEY? _____ YES _____ NO

PLEASE READ AND SIGN THE FOLLOWING:

I understand the court may require 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

FOR COURT USE ONLY – DETERMINATION OF INDIGENCY
_____ **ELIGIBLE** for a public defender (contribution, if any to be determined.)
_____ **NOT ELIGIBLE** for a public defender

JUDGE/JUDGE PRO TEM/COURT CLERK/OPD MANAGER