

**Municipal Court  
Indigency Screening for Public Defender**

Name \_\_\_\_\_ Case # \_\_\_\_\_  
Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_  
Email \_\_\_\_\_ (used for virtual hearing)

**Assistance:** Place an "X" next to any and all of the following types of assistance you receive:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Poverty Related Veteran Assistance | <input type="checkbox"/> Food Stamps        |
| <input type="checkbox"/> State Family Assistance (SFA)                  | <input type="checkbox"/> Aged Blind Disabled (ABD)          | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Women Infant Children (WIC)                    | <input type="checkbox"/> Pregnant Women Assistance (PWA)    | <input type="checkbox"/> Medicaid           |
| <input type="checkbox"/> Refugee Cash or Medical Assistance (RCA/RMA)   | <input type="checkbox"/> Housing Essential Needs (HEN)      |   |

Per RCW 10.101.010, Indigency has been determined; the information below will be used to determine if "able to contribute" applies.

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**Employment:**

Do you work or have a job?  Yes  No . If Yes, monthly take-home pay \$ \_\_\_\_\_  
 Full-Time  Part-Time  Commission

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Do you have a spouse or state registered domestic partner who lives with you?  Yes  No  
Does he/she work or have a job?  Yes  No. If Yes, monthly take-home pay \$ \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Do you and/or your spouse or registered domestic partner receive any money or support from another source?  
 Yes  No. If Yes, how much? \$ \_\_\_\_\_

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> L&I              | <input type="checkbox"/> Unemployment | <input type="checkbox"/> VA Disability | <input type="checkbox"/> Social Security/SSI |
| <input type="checkbox"/> Military BAS/BSH | <input type="checkbox"/> Retirement   | <input type="checkbox"/> Tribal Income | <input type="checkbox"/> Spousal Maintenance |

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**Dependents:**

Do you have any children living with you?  Yes  No. If Yes, how many? \_\_\_\_\_

Including yourself, how many people in your household do you support? \_\_\_\_\_

**Property:**

Do you own a home?  No  Yes, value \$ \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Own any other real estate?  No  Yes, value \$ \_\_\_\_\_

**Vehicle(s):**

Do you own any vehicles/boats/RVs?  Yes  No

Year/Make/Model \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

\*\*\* COMPLETE OTHER SIDE \*\*\*

**Assets:**

How much do you have in checking/saving accounts? \$ \_\_\_\_\_

How much money do you have in stocks, bonds, investments, pension, retirement? \$ \_\_\_\_\_

**Expenses:**

Rent/Mortgage \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Gas/Electric \$ \_\_\_\_\_ Water/Garbage \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_ Childcare \$ \_\_\_\_\_ Cable/Phone \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_**

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**Please read and sign the following:**

*I understand the court may ask for documentation to verify 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) **Note: A screening fee of \$10 per case will be applied.***

Signature \_\_\_\_\_

Date \_\_\_\_\_