

INDIGENCE SCREENING FORM

**CONFIDENTIAL**

[Per RCW 10.101.020(3)]

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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? \_\_\_\_\_. If so, take-home pay: \$ \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's name & phone #: \_\_\_\_\_

3. Do you have a spouse/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/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? If so, please specify amount below:

Parents/Guardian \$ \_\_\_\_\_ Grants/Scholarships \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ Tribal Disbursement \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

6. Do you and/or your spouse/partner 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 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 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

\_\_\_\_\_ Indigent and able to contribute \$150.00

\_\_\_\_\_ Not eligible for a public defender

\_\_\_\_\_ Eligible for a public defender at no expense upon documented proof of indigence. Clerk action required.

\_\_\_\_\_  
JUDGE/CLERK