
Court Appointed Attorney Application (Indigency Screening)

Please complete this form and return either electronically or in person at your next hearing. If you have any questions, please contact the court office at 360-262-9231.

Name: _____

Mailing Address: _____

State: _____ Zip Code: _____ Phone No.: _____

Citation/Ticket Number(s): _____

Charge(s): _____

If you are receiving any type of assistance, please mark the box(es) below:

- Welfare Food Stamps Social Security (disability) Medicaid
 Refugee Settlement Benefits Temporary Assistance for Needy Families (TANF)
 Veterans Disability Payments Other (please specify): _____

If any of the boxes above have been marked, please stop here, sign below and submit the form for court review. If you do not receive any type of assistance, please complete the bottom portion of this form.

How many people, besides yourself, are you legally required to support? _____

Do you have a spouse or state registered domestic partner who lives with you? Yes No

If yes, is he or she currently employed? Yes No

If yes, what is the monthly take home pay after taxes? **Amount per month: \$** _____

If you have a spouse or state registered domestic partner, does he or she receive unemployment, Social Security, a pension, or worker's compensation? Yes No

If yes, what is the monthly amount received? **Amount per month: \$** _____

Are you currently employed? Yes No

If you are, what is the name of your current employer? _____

If you are employed, what is your monthly take home pay after taxes? **Amount per month: \$** _____

Do you have any other sources of income in your household? Yes No

Please explain the source of income: _____

If you do, how much per month is that income? **Amount per month: \$** _____

Please calculate your total household monthly income and enter it here: \$ _____

HOUSEHOLD ASSETS:

Cash on hand: \$ _____
 Checking account balance: \$ _____
 Savings account balance: \$ _____
 Auto #1 (Value less loan): \$ _____
 Auto #2(Value less loan): \$ _____
 Home (Value less mortgage) \$ _____
 Stocks, bonds, investments: \$ _____
 Other: _____ \$ _____
TOTAL ASSESTS: \$ _____

HOUSEHOLD EXPENSES:

Rent/Mortgage Payment: \$ _____
 Food/Household Supplies \$ _____
 Utilities: \$ _____
 Phone: \$ _____
 Transportation Costs: \$ _____
 Child Support Ordered: \$ _____
 Clothing: \$ _____
 Insurance Costs: \$ _____
 Medical Costs: \$ _____
 Court Ordered Fines: \$ _____
 Childcare Costs: \$ _____
 Other: _____ \$ _____
TOTAL EXPENSES: \$ _____

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 the penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense RCW 9A.72).

 Defendant Signature

 Date

 Interpreter Signature

 Date

Do not write below this line. For court office use only.

Automatically qualified: Yes No

Indigent Not Indigent Indigent and able to contribute \$ _____

 Judge/Designee Signature

 Date