

INDIGENCY SCREENING FORM  
Confidential [Per RCW 10.101.020(3)]

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Charge \_\_\_\_\_ Cit. # \_\_\_\_\_

Place a check in the box if you receive any of the following types of assistance:

- Welfare     Food stamps     SSI (disability)     Medicaid     Refugee Settlement Benefits  
 Temporary assistance for needy families (TANF)     Other (please describe) \_\_\_\_\_

**If any of the above boxes are checked, stop here and sign below.**

MY MONTHLY INCOME:     Employed     Unemployed Occupation \_\_\_\_\_ Take-home \$ \_\_\_\_\_

I am legally required to support how many people besides myself? \_\_\_\_\_

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

Does he or she work?     No     Yes    If yes, monthly take home pay \$ \_\_\_\_\_

Do you and/or spouse or state registered domestic partner receive unemployment, Social Security, a pension or worker's compensation?     No     Yes    Amount per month \$ \_\_\_\_\_

Other sources of income per month in my household:    Source: \_\_\_\_\_    \$ \_\_\_\_\_

MONTHLY INCOME TOTAL    \$ \_\_\_\_\_

MY 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    \$ \_\_\_\_\_

MONTHLY HOUSEHOLD EXPENSES

Rent/Mortgage    \$ \_\_\_\_\_

Food/Household supplies    \$ \_\_\_\_\_

Utilities    \$ \_\_\_\_\_

Phone    \$ \_\_\_\_\_

Transportation    \$ \_\_\_\_\_

Paid ordered child support    \$ \_\_\_\_\_

Clothing    \$ \_\_\_\_\_

Insurance (car/medical)    \$ \_\_\_\_\_

Medical expenses    \$ \_\_\_\_\_

Court ordered fines    \$ \_\_\_\_\_

Other monthly expenses    \$ \_\_\_\_\_

TOTAL    \$ \_\_\_\_\_

AUTOMATICALLY QUALIFIES     Yes     No

\*\*\*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 \_\_\_\_\_

Interpreter \_\_\_\_\_

**FOR PUBLIC DEFENSE OFFICE USE ONLY:**     Indigent     Not Indigent     Indigent and able to contribute \$ \_\_\_\_\_

Public Defense Office Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_