

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

Name: _____ Phone # _____

Mailing 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 ☐ WIC
☐ 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 _____