SAMPLE INDIGENCY SCREENING FORM **CONFIDENTIAL**

[Per RCW 10.101.020(3)]

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Place an “x” next to any of the following types of assistance you receive:

**\_\_\_\_\_Welfare \_\_\_\_\_Poverty Related Veterans’ Benefits**

**\_\_\_\_\_Food Stamps \_\_\_\_\_Temporary Assistance for Needy Families**

**\_\_\_\_\_SSI \_\_\_\_\_Refugee Settlement Benefits**

**\_\_\_\_\_Medicaid \_\_\_\_\_Aged, Blind or Disabled Assistance Program**

**\_\_\_\_\_Pregnant Women Assistance Benefits**

**\_\_\_\_\_Other – Please Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Recipients of public assistance are presumed indigent, but may be found able to contribute to the costs of their defense under RCW 10.101.010. *State v. Hecht*, 173 Wash. 2d 92 (2011).

2. Do you work or have a job? \_\_\_\_yes \_\_\_\_no. If so, take-home pay: $\_\_\_\_\_\_\_\_\_\_\_

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

3. Do you have a spouse or state registered domestic 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 or state registered domestic 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? \_\_\_ yes \_\_\_\_no If so, how much? $\_\_\_\_\_\_\_\_\_

6. Do you 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 money do you have in stocks, bonds, or other investments? $\_\_\_\_\_\_\_\_\_\_\_\_\_

12. How much are your routine living expenses (rent, food, utilities, transportation) $\_\_\_\_\_\_\_\_\_\_\_

13. 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 medica**l** bills, etc.? If so, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Do you have money available to hire a private attorney? \_\_\_\_yes \_\_\_\_\_no

15. ***Please read and sign the following***:

**I understand the court may require 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

 \_\_\_\_\_ Eligible for a public defender at no expense

 \_\_\_\_\_ Eligible for a public defender but must contribute $\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Re-screen in future regarding change of income (e.g. defendant

 works seasonally)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE