EDMONDS MUNICIPAL COURT

CONFIDENTIAL INFORMATION

APPLICATION FOR COURT APPOINTED ATTORNEY

INDIGENCY SCREENING FORM

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 medical 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