

STATE OF WASHINGTON
Enumclaw Municipal Court
INDIGENCY SCREENING FORM
CONFIDENTIAL [Per RCW 10.101.020(3)]

Name _____ CASE # _____
(Last Name) (First Name) (Middle Initial)
Address _____ Apt/Unit _____
City _____ State _____ Zip _____ Phone _____
Email _____ DOB _____

1. Place an "X" next to any of the following types of financial assistance you receive:

****Supporting Documents MUST be Submitted With Application****

Temporary Assistance for Needy Families (TANF)	State Family Assistance (SFA)	General Assistance
Refugee Settlement Benefits (RCA/RMA)	Women Infant Children (WIC)	Medical Assistance
Poverty Related Veteran Assistance	Housing Essential Needs (Hen)	Food Stamps
Aged, Blind or Disabled Assistance (ABD)	Disability Lifeline Benefits	SSI
Pregnant Women Assistance (PWA)	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 yes, please complete the following:

Employer's name _____
How long have you worked at this location: _____

Your monthly take-home pay (after taxes): \$ _____

3. Are you currently a student or enrolled in school? Yes No

4. Do you have a spouse or state registered domestic partner **who lives with you?** Yes No.
If yes, and he/she is employed, please complete the following:

Employer's name: _____

Your spouse's or partner's monthly take-home pay (after taxes): \$ _____

5. Do you and/or does your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? Yes No.

If **yes**, please Explain: _____

Monthly take-home pay (after taxes): \$ _____

6. Do you have **any** other source of income? Yes No. If yes, please complete the following:

Type of Income: _____ Amount of Income: \$ _____

Total Income: \$ _____

PLEASE COMPLETE BACK OF APPLICATION

7. Do you have children under the age of 18 residing with you? Yes No. If **yes**, how many? _____

8. Including yourself, how many people in your household do **you** support? _____

9. Do you **own** a home? Yes No. Do you **rent** a home? Yes No.
Monthly payment: \$ _____

If **yes to own**, Please complete the following:

Value: \$ _____ Amount owed: \$ _____

10. Do you own a vehicle(s)? Yes No. If **yes**, please complete the following:

Make/Model of Vehicle _____ Vehicle Year: _____

Amount owed: \$ _____ Monthly Payment \$ _____

11. Other than routine living expenses such as rent, utilities, food, etc., do you have other mandatory expenses such as **child support** payments, **court-ordered** fines or **medical** bills, etc.? Yes No

If yes, please complete the following: Mandatory Expenses – Monthly Payment: \$ _____

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

13. Do you have a bank account? Yes No If **yes**, Please complete the following:
Balance in Checking/Savings: \$ _____

Value of Stocks, bonds or other investments? \$ _____

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

Print / Type Name

City

State

Date

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

Eligible for a public defender at no expense

Eligible for a public defender with contribution to be reviewed by Judge at later date.

Re-screen in future regarding change of income (e.g. defendant works seasonally)

Not eligible for a public defender

Judge / Pro Tem