

INDIGENCY SCREENING FORM

Name \_\_\_\_\_

Case Number \_\_\_\_\_

Address \_\_\_\_\_

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

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

- |                                                        |                                                                  |
|--------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Welfare                       | <input type="checkbox"/> Poverty Related Veterans' Benefits      |
| <input type="checkbox"/> Food Stamps                   | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI                           | <input type="checkbox"/> Refugee Settlement Benefits             |
| <input type="checkbox"/> Medicaid                      | <input type="checkbox"/> Disability Lifeline Benefits            |
| <input type="checkbox"/> Other – Please Describe _____ |                                                                  |

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)  
 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. How are you paying for your private attorney?  
 \_\_\_\_\_

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

**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

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

The defendant  is  is not indigent.

Date: \_\_\_\_\_ Superior Court Judge \_\_\_\_\_