

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:

- | | |
|---|---|
| <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"/> Aged, Blind or Disabled Assistance Program |
| <input type="checkbox"/> Pregnant Women Assistance Benefits | |
| <input type="checkbox"/> 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