

GRANT COUNTY DISTRICT COURT  
INDIGENCY SCREENING FORM  
CONFIDENTIAL [Per RCW 10.101.020(3)]  
**(Please Print Legibly)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Case Number(s) \_\_\_\_\_

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

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

2. Do you work or have a job?  yes  no. If so, monthly 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, monthly 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 ask for verification of the information provided above. I agree to immediately report any change in my financial status to the court.**

**I understand the court may impose a Public Defender reimbursement to the County of Grant if I plead Guilty or am found Guilty of this charge, or any amendment of this charge.**

**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

<b><u>FOR COURT USE ONLY - DETERMINATION OF INDIGENCY</u></b>	
_____ 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