

GRANT COUNTY DISTRICT COURT
INDIGENCY SCREENING FORM
CONFIDENTIAL [Per RCW 10.01.160(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:

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

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

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