

PUYALLUP MUNICIPAL COURT INDIGENCY SCREENING FORM - **CONFIDENTIAL**

*****Applications accepted at the clerk's window only M,W,F from 8:30 AM-noon and 1 PM – 4 PM*****

Name _____ Case # _____

Address _____ Phone# _____

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 _____ | |

{If you marked an "x" by any of the above, please stop here and sign at # 15 below.

You may be required to provide verification of the assistance/benefits you receive.}

2. Do you work or have a job? yes no.

If so, take-home pay: \$ _____ /per month. 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: \$ _____ / per month. Occupation: _____

Employer's name & phone #: _____

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? _____ Monthly Amount: \$ _____

5. Do you receive money from any other source? yes no

If so, how much? \$ _____ per week/ month/ year (circle one)

6. Do you have children residing with you? yes no. If so, how many? _____

What are their ages? _____

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: \$ _____ Monthly payment: \$ _____

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 monthly living expenses:

Rent: \$ _____ Utilities (electricity/water): \$ _____

Food: \$ _____ Cable/Internet/Phone: \$ _____

Child Support: \$ _____ Medical/Dental: \$ _____

Transportation (car payment/insurance/gas): \$ _____

Other: \$ _____ Explain: _____

13. Are you behind on any of the above expenses? ____yes ____no. If so, please explain: _____

14. Do you have money available to hire a private attorney? ____yes ____no

15. **STOP HERE: Please read, but do not sign*, the following. You will sign in the presence of the clerk of the court when you return the application:**

- I understand the court will ask for verification of the information provided above. (for example: pay stubs, tax returns, bank statements, benefit statements)
- 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
Signed in City of Puyallup, State of Washington on: _____
Date

**If you are in custody, do sign the form then give it to an officer to forward to the court*

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

_____ Eligible for a public defender at no expense

_____ Eligible for a public defender but must contribute \$ _____ *

* Defendant will be required to sign a separate promissory note for contribution

_____ Not eligible for a public defender

CLERK OR COURT ADMINISTRATOR