

STATE OF WASHINGTON
Tukwila Municipal Court
INDIGENCY SCREENING FORM
CONFIDENTIAL (Per RCW 10.101.020(3))

<i>Court Use Only:</i> \$ _____ / _____ Date: _____

Name: (LAST) _____ (FIRST) _____ (MIDDLE INIT.) _____

Address: _____ Apt/Unit _____ City, _____ Zip, _____

Phone(s): _____ / _____ Citation/Case Number: _____

1. Place an "x" next to any of the following types of financial 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"/> Disability Lifeline Benefits |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Refugee Settlement Benefits |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Other- please describe: _____ |

(If you marked an "X" by any of the above, please stop here and sign at #14 on back page.)

Court Verification Only: _____

2. Do **you** work or have a job? Yes No If yes, please complete the following:

Place of employment: _____

How long have you worked at this location: _____

Your monthly take-home pay (after taxes): \$ _____

3. Do you receive State Unemployment Benefits? Yes No

Your monthly take-home pay (after taxes): \$ _____

4. Are you currently a student or enrolled in school? Yes No

5. Do you have a spouse or state registered domestic partner **who lives with you**? Yes No
If yes, and are he/she is employed please complete the following:

Place of employment: _____

Your spouse's or partner's monthly take-home (after taxes) pay: \$ _____

6. Does your spouse or state registered domestic partner receive Unemployment, Social Security, a pension, or workers' compensation? Yes No

If **yes**, please explain: _____

7. Do you have **any** other source of income? If **yes**, please complete the following:

Type of Income: _____

Amount of Income: \$ _____

Total Income: \$ _____

8. Do you have children living with you? _____ Yes _____ No If **yes**, how many? _____

9. How many people in your household, do **you** support with your income? _____

10. Do you **own** a home? _____ Yes _____ No Do you **rent** a home? _____ Yes _____ No

Monthly payment: \$ _____

If **yes to own**, please complete the following:

Year your home was purchased: _____

Value: \$ _____

Last time home was refinanced: _____

Amount owed: \$ _____

11. Do you own a vehicle? _____ Yes _____ No If **yes**, please complete the following:

Make/Model of Vehicle _____

Vehicle year: _____

Monthly payment: \$ _____

12. Other than your routine monthly expenses, do you have other mandatory expenses?

*Example: **child support payments, court-ordered fines or medical bills, etc.***

If **yes**, please complete the following: Mandatory expenses – Monthly payment: \$ _____

13. Do you have a bank account? _____ Yes _____ No If **yes**, please complete the following:

Checking/Savings: \$ _____

Stocks, bonds or other investments? \$ _____

14. READ CAREFULLY:

I give my permission for the court or designated agency to verify this information and I authorize all persons listed above to release my financial information to the Tukwila Municipal Court, and I agree to hold them harmless for such release. **I also 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

PLEASE SIGN-IN WHEN COMPLETED

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

____ Eligible for a public defender

____ Re-screen in future regarding change of income (e.g. defendant works seasonally)

____ Not eligible for a public defender

JUDGE or JUDGE'S DESIGNEE

Title

Date