



**FIRCREST – RUSTON MUNICIPAL COURT**  
**115 Ramsdell St**  
**Fircrest, WA 98466**  
**(253) 564-8922**  
**Fax: (253) 564-3645**  
**Email: Fircrest.Municipal@mail.courts.wa.gov**

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"/> <b>Welfare</b>                            | <input type="checkbox"/> <b>Poverty Related Veterans' Benefits</b>         |
| <input type="checkbox"/> <b>Food Stamps</b>                        | <input type="checkbox"/> <b>Temporary Assistance for Needy Families</b>    |
| <input type="checkbox"/> <b>SSI</b>                                | <input type="checkbox"/> <b>Refugee Settlement Benefits</b>                |
| <input type="checkbox"/> <b>Medicaid</b>                           | <input type="checkbox"/> <b>Aged, Blind or Disabled Assistance Program</b> |
| <input type="checkbox"/> <b>Pregnant Women Assistance Benefits</b> |  |
| <input type="checkbox"/> <b>Other – Please Describe</b>            | _____  |

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