

APPLICATION FOR PUBLIC DEFENDER

() Dist Crt (X) Sup Crt

YOUR NAME: _____ CASE NUMBER: _____

PRESUMPTIVE ELIGIBILITY:

DEFENDANT RECEIVES- AFDC GAU FOOD STAMPS SSI VA MEDICAID WIC MED CORP ADATSA
OTHER (Specify): _____

MONTHLY INCOME:
Present Employer (Name, Address & Phone #) How Long Employed Hours worked per week
Spouse's Employer (Name, Address & Phone #) How Long Employed Hours worked per week
APPLICANT'S MONTHLY TAKE HOME PAY (After Taxes) \$
SPOUSE'S MONTHLY TAKE HOME PAY (After Taxes) \$
NON-POVERTY BASED ASSISTANCE (Unemployment, Social Security, L&I, etc.) \$
OTHER INCOME (Child Support, Spousal Maintenance, Rental Income, etc.) \$
TOTAL MONTHLY INCOME: \$

SUPPORT OBLIGATIONS:

TOTAL NUMBER OF DEPENDENTS (Include Yourself): _____

MONTHLY EXPENSES (For Applicant & Dependents):

BASIC MONTHLY LIVING EXPENSES: RENT/MORTGAGE PHONE ELECTRICITY
WATER/SEWER LIFE/HOUSE INSURANCE TRANSPORTATION TO WORK
CAR PAYMENT CAR INSURANCE GAS FOOD

TOTAL BASIC LIVING EXPENSES \$ _____

COURT IMPOSED OBLIGATIONS (Specify Monthly Amount) \$
BAIL/BOND PAID (This Offense) \$
OTHER (Unusual) EXPENSES (Specify) \$
(Medical Bills, Child Support, Prior Attorney Fees, Past Due Utility, Rent, IRS Payments, Union Dues, Collection Agency, etc)

TOTAL MONTHLY EXPENSES \$ _____

TOTAL INCOME MINUS TOTAL EXPENSES EQUALS DISPOSABLE NET MONTHLY INCOME \$ _____

LIQUID ASSETS:

CASH (On Hand/On Books, Savings, Checking, Bank Accounts) \$
STOCKS, BONDS, CERTIFICATES OF DEPOSIT \$
EQUITY IN REAL ESTATE \$
EQUITY IN MOTOR VEHICLE NOT REQUIRED FOR WORK \$
EQUITY IN ADDITIONAL VEHICLES \$
PERSONAL PROPERTY (Boats, stereo, VCR, Jewelry, Guns, etc.) \$
TOTAL LIQUID ASSETS \$

AFFIDAVIT AND NOTIFICATION

I, _____ (print name), do hereby certify and declare under penalty of perjury under the Laws of the State of Washington, that the foregoing is true and correct (RCW 9A.72.085). By my signature below, I authorize the court or its designee to verify all information provided here. Verification may include a credit report. I further swear to immediately report any change in financial status to the court. I understand if bail is imposed in this matter or if my financial condition changes, I may request a re-determination.

SIGNED _____ DATE _____

COURT USE ONLY

DETERMINATION OF INDIGENCY:

A. DISPOSABLE NET MONTHLY INCOME \$ _____
B. TOTAL LIQUID ASSETS \$ _____
C. TOTAL AVAILABLE FUNDS (A plus B) \$ _____

() Indigent () Indigent and able to contribute level at E 1 2 3
() Indigent contingent on proof of income and/or screening fee () Not Eligible () In custody

Date: _____

Judge or Designee