

AIRWAY HEIGHTS INDIGENCY SCREENING FORM

**CONFIDENTIAL**  
[Per RCW 10.101.020(3)]

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Opt-In Text  yes  no

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Place an "x" next to any of the following types of assistance you receive:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Public Assistance</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>Pension</b>           | <input type="checkbox"/> <b>Unemployment \$ _____</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: \$ \_\_\_\_\_
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: \$ \_\_\_\_\_
4. Do you receive money from any other source?  yes  no If so, how much? \$ \_\_\_\_\_
5. Including yourself, how many people in your household do you support? \_\_\_\_\_
6. How much are your routine living expenses (rent, food, utilities, transportation) \$ \_\_\_\_\_
7. 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:  
\_\_\_\_\_

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.(Proof of benefits\_\_\_\_\_)
- Eligible for a public defender but must contribute \$ \_\_\_\_\_
- Not Eligible for a public defender

DATE \_\_\_\_\_

JUDGE/COURT CLERK \_\_\_\_\_