

**Office of Assigned Counsel
and Court Services**

311 Grand Avenue, Suite 304
Bellingham, Washington 98225
(360) 778-5564 Office
(360) 778-5561 Fax



Judges

Honorable Deborra E. Garrett
Honorable Raquel Montoya-Lewis
Honorable Robert E. Olson
Honorable Charles R. Snyder

Director

David L. Reynolds

Commissioners

Honorable Angela A. Cuevas
Honorable Leon F. Henley, Jr.
Honorable Alfred L. Heydrich

Dear Applicant,

Please complete the enclosed Affidavit of Indigency and be sure to include a telephone number where you can be reached. We may need to verify information on this affidavit or ask for details on incomplete answers.

If you are receiving the types of assistance listed in #1 on the affidavit, you must attach supporting documentation (such as a copy of a recent award letter) to the application. DSHS is good about providing documentation if you tell them you need it for court. **A copy of your EBT or Med card is not considered sufficient proof because there are not current dates on these items.**

Please note: We cannot determine indigence without an accurate and complete affidavit.

If you have questions or concerns regarding this process, please call us at (360) 778-5564.

Sincerely,

Assigned Counsel and Court Services Staff

Whatcom County Assigned Counsel and Court Services

District Court/ Superior Court

Official Use Only

Case # _____

Charges _____

Next Hearing _____

AC Initial _____: Approved Denied

INDIGENCY SCREENING FORM
CONFIDENTIAL
[Per RCW 10.101.020(3)]

Today's Date _____

Name _____ Date of Birth _____ Last 4 SSN _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

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"/> Other-Please Describe _____ |
| <input type="checkbox"/> General Assistance | _____ |

2. Have you ever served in the United States military? ____ yes ____ no

3. Do you own a home? ____ yes ____ no. If so, value: \$ _____ Amount owed: \$ _____

{If you marked an "X" anywhere in #1, please stop here and go to #15 below.}

4. Including yourself, how many people in your household do you support? _____

5. Do you work or have a job? ____ yes ____ no. If so, take-home pay per month:
\$ _____

Occupation: _____ Employer's name & phone #: _____

6. Do you have a spouse or state registered domestic partner who lives with you? _yes _no

7. Does your spouse work or have a job? ____ yes ____ no. If so, take-home pay per month:
\$ _____

8. Do you have minor children residing with you? __yes __no. If so, how many? _____

9. 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 per month: \$ _____

10. Do you receive money from any other source (include contributions for basic living expenses from any person that lives with you or family members other than a spouse or state registered domestic partner)? ___ yes ___no. If so, how much? \$ _____

11. Do you own a vehicle(s)? ___yes ___no. If so, year(s) and model(s) of your vehicle(s):
Vehicle 1: _____ Amount owed: \$ _____
Vehicle 2: _____ Amount owed: \$ _____
Vehicle 3: _____ Amount owed: \$ _____

12. How much money do you have in checking/ saving account(s)? \$ _____

13. How much money do you have in stocks, bonds, or other investments? \$ _____

14. 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:

15. Do you have money available to hire a private attorney? ___yes ___no.

16. Please READ, INITIAL AND SIGN the following:

___ I understand the Court may REQUIRE verification of the information provided in #1 above. I agree to provide supporting documentation if needed.

___ If this application is for a Public Defender, the Court may order the repayment of attorney fees if you plead guilty or are found guilty after a trial.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)

Signed at (city) _____, (state) _____ on (date) _____

Signature

Print or Type Name