

CITY OF BELLEVUE
INDIGENCY SCREENING FORM
CONFIDENTIAL
Per RCW 10.101.020(3)]

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number(s) _____ Email _____
Case Number(s) _____ Charge(s) _____

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"/> Disability Lifeline Benefits
<input type="checkbox"/> Other – Please Describe _____	

{If you marked an "x" by any of the above, please stop here and sign at # 16 below.}

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, Equity \$ _____
9. Do you own a vehicle(s)? yes no. If so, year(s) and model(s) of your
vehicle(s): _____ Equity \$ _____
10. How much money do you have in checking/saving account(s)? \$ _____

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

12. How much are your routine monthly living expenses (rent, food, utilities, transportation)
\$_____

13. Other than routine living expenses such as rent, utilities, food, etc., do you have other
Monthly expenses such as child support payments, court-ordered fines or medical bills, etc.? If
so, please identify each expense and how much you pay per month (attach another sheet if
necessary): _____

14. Do you have money available to hire a private attorney? ____yes ____no

15. Do you own any jewelry or other items of value? ____yes ____no

If yes, what is the value? _____

16. ***Please read and sign the following:***

**I understand the court may ask for 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

Interpreter (Print Name)

Interpreter (Signature)

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

_____ Eligible for a public defender

_____ 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/SCREENER