

**Office of Assigned Counsel
and Court Services**

311 Grand Avenue, Suite 304
Bellingham, Washington 98225
(360) 676-6803 Office
(360) 676-6693 Fax



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 not returning the Affidavit of Indigency in person, you must have the form notarized. A Notary Public will require you to prove your identity and require that you sign the attached notary public form in their presence.

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) 676-6803.

Sincerely,

Assigned Counsel and Court Services Staff

Whatcom County Assigned Counsel and Court Services

District Court / Superior Court

APPLICATION FOR:

- Public Defender (Court Appointed Counsel)
- Guardian ad Litem (GAL)
- Filing/Fee Waiver

Official Use Only

Case # _____

Charges _____

Next Hearing _____

AC Initial _____ : Approved Denied Review

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

Today's Date _____

Name _____ Date of Birth _____ SSN _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

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

- | | |
|---|---|
| <input type="checkbox"/> Welfare
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> SSI
<input type="checkbox"/> Medicaid
<input type="checkbox"/> General Assistance | <input type="checkbox"/> Poverty Related Veterans' Benefits
<input type="checkbox"/> Temporary Assistance for Needy Families
<input type="checkbox"/> Refugee Settlement Benefits
<input type="checkbox"/> Other - Please Describe _____ |
|---|---|

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.
- Does she/he work? ___yes ___no. If so, take-home pay per month: \$_____
- Employer's name: _____
7. Do you have children residing with you? ___yes ___no. If so, how many? _____

8. 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: \$ _____

9. 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? \$ _____

10. 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: \$ _____

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

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

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, INITIAL AND SIGN the following:**

_____ I understand the Court **REQUIRES** verification of the information provided in #1 above. I agree to attach supporting documentation and report immediately any change in my financial status to the Court.

_____ 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 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

Printed Name City/State

WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (RCW 42.44.100)

State of Washington }
County of _____ } ss.

I certify that I know or have satisfactory evidence that _____
Name of Signer
is the person who appeared before me, and said
person acknowledged that he/she signed this
instrument and acknowledged it to be his/her free
and voluntary act for the uses and purposes
mentioned in the instrument.

Dated: _____
Month/Day/Year

Signature of Notarizing Officer

Title (Such as "Notary Public")

My appointment expires

Place Notary Seal Above

Month/Day/Year of Appointment Expiration

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

**Right Thumbprint
of Signer**

Top of thumb here