



Fife Municipal Court
3737 Pacific Highway E.
Fife, WA 98424
253-922-6635

\$10 APPLICATION FEE RESERVED

INDIGENCY SCREENING FORM

CONFIDENTIAL
[Per RCW 10.101.020(3)]

Name _____

Address _____ Phone# _____

City _____ State _____ Zip _____ Case # / Court date _____

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

- Welfare Poverty Related Veterans' Benefits
Food Stamps Temporary Assistance for Needy Families
SSI Refugee Settlement Benefits
Medicaid Disability Lifeline Benefits
Other - Please Describe

If social security is checked, please check reason: Disability Retirement Military Widower
Foster child Other - Please explain

Per RCW 10.101.010 Indigency has been determined; the following information will be used to
determine if "able to contribute" applies.

2. Do you have a job? yes no. If yes, what is your take-home pay: \$

Occupation: Employer's name & phone #:

3. Do you receive a stipend? yes no. If yes, how much: \$

4. Do you have a spouse or state registered domestic partner who lives with you? yes no.

Does she/he work? yes no. If yes, take-home pay: \$

Employer's name:

5. Do you and/or your spouse or state registered domestic partner receive unemployment,
social security, a pension or workers' compensation? yes no. (If yes, circle those that apply) Any type of
public assistance? yes no. If yes, amount? \$

Who in the family receives it? Amount: \$

6. Do you receive money from any other source? yes no. If yes, how much? (This includes any
contribution received from any family member or other person living in the same residence as you helping to defray
your basic living costs.) \$

7. Do you and/or your spouse or partner have children residing with you? yes no. If no, do you pay child
support? yes no. If yes how much? \$

8. Counting yourself; how many people in your household do you support?

9. Do you own a home? yes no. If yes, value: \$ Amount owed: \$

County: Address:

10. Do you own a vehicle(s)? ___yes ___no. If yes, make, model & year of your vehicle(s): What is the monthly payment(s)

\$ _____ Balance(s) owed \$ _____ Market value: \$ _____

\$ _____ Balance(s) owed \$ _____ Market value: \$ _____

Vehicle #1 _____ / _____ / _____

Make _____ Model _____ Year _____

Vehicle #2 _____ / _____ / _____

Make _____ Model _____ Year _____

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

Be prepared to provide banking records upon request.

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

13. How much are your routine living expenses (rent, food, utilities, transportation)

Rent/mortgage \$ _____ Phone \$ _____ Electricity \$ _____ Gas \$ _____ Food \$ _____

Water/sewer \$ _____ Life/ House/Car Insurance \$ _____ Transportation to work \$ _____

14. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses not listed?

Expenses such as court ordered child support payments, court-ordered fines, medical bills, etc.? If yes, describe:

15. If you pay court ordered child support, how many children are you supporting? _____

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

17. 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

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

____ Eligible for a public defender (costs reserved)

Car Equity: \$ _____

____ Eligible for a public defender but must contribute \$ _____ (costs reserved/Judge may impose)

Home Equity: \$ _____

X Application fee \$ 10.00 reserved

____ Re-screen in future regarding change of income (e.g. defendant works seasonally)

____ Not eligible for a public defender

JUDGE/DESIGNEE

Date