

STATE OF WASHINGTON  
Determination Of Indigency Report

I. Identification

County \_\_\_\_\_ Court \_\_\_\_\_  
Jurisdiction (check one) ( ) Superior ( ) District ( ) Municipal Name of City \_\_\_\_\_  
Applicant's Name \_\_\_\_\_ Case Number: \_\_\_\_\_

Case Type

(check the category corresponding to the most serious charge)

\_\_\_\_\_(1) Felony - Class A+ \_\_\_\_\_(5) Juvenile Felony - Class A+ \_\_\_\_\_(9) Dependency  
\_\_\_\_\_(2) Felony - Class A \_\_\_\_\_(6) Juvenile Felony - Class A \_\_\_\_\_(10) Civil Commitment  
\_\_\_\_\_(3) Felony - Class B or C \_\_\_\_\_(7) Juvenile Felony - Class B or C \_\_\_\_\_(11) Civil Contempt  
\_\_\_\_\_(4) Misdemeanor \_\_\_\_\_(8) Juvenile - Misdemeanor \_\_\_\_\_(12) Other (specify) \_\_\_\_\_

Charges \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

(Name) (Address) (Telephone)

II. Support Obligations

Total Number Dependents (include applicant in count) \_\_\_\_\_ If juvenile defendant, does he/she live with parents? (circle) Y N

If yes: Father's name \_\_\_\_\_ Mother's name (include maiden) \_\_\_\_\_

III. Presumptive Eligibility (check all that apply)

a. \_\_\_ Party is indigent because receives public assistance in form of: ( ) AFDC<sup>1</sup> ( ) General Assistance ( ) Food Stamps  
( ) Medicaid ( ) Poverty-Related V.A.<sup>2</sup> Benefits ( ) SSI<sup>3</sup> ( ) Refugee Resettlement Benefits ( ) Other; specify \_\_\_\_\_

Case Number \_\_\_\_\_ Verified? \_\_\_\_\_ Method \_\_\_\_\_

b. \_\_\_ Party is indigent because committed to a public mental health facility.

Verified? \_\_\_\_\_ Method: \_\_\_\_\_

c. \_\_\_ Party is indigent because annual income, after taxes, is 125% or less of current federally established poverty level.

\$ \_\_\_\_\_ Specify annual income after taxes

Verified? \_\_\_\_\_ Method: \_\_\_\_\_

If Section III, a, b, or c applies, complete only Sections VIII, X and XI. Submit report to Court. If Section III is not applicable, complete all remaining sections.

IV. Monthly Income

		Verified?	
a. Monthly take-home pay (after deductions)	\$ _____	Y	N
b. Spouse's take-home pay (enter N/A if conflict)	\$ _____	Y	N
c. Contribution from any person domiciled with applicant and helping defray his/her basic living costs	\$ _____	Y	N
d. Interest, dividends, or other earnings	\$ _____	Y	N
e. Non-poverty based assistance (Unemployment, Social Security, Workers Compensation, pension, annuities) (DON'T include poverty-based assistance. See IV. a)	\$ _____	Y	N
f. Other income (specify) _____	\$ _____	Y	N

Total Income \$ \_\_\_\_\_

V. Monthly Expenses (for applicant and dependents; average where applicable)

a. Basic Living Costs - Shelter (rent, mortgage, board)	\$ _____	Y	N
Utilities (heat, electricity, water); enter 0 if included in cost of shelter	\$ _____	Y	N
Food	\$ _____	Y	N
Clothing	\$ _____	Y	N
Health Care	\$ _____	Y	N
Transportation	\$ _____	Y	N
Loan Payments (specify) _____	\$ _____	Y	N
b. Court imposed obligations (check) ___ fines ___ court costs ___ restitution ___ support ___ other	\$ _____	Y	N
c. Bail/bond paid or anticipated (this offense)	\$ _____	Y	N
d. Other expenses (specify) _____	\$ _____	Y	N

Total Expenses \$ \_\_\_\_\_

<sup>1</sup> Aid to Families with Dependent Children

<sup>2</sup> Veterans' Administration

<sup>3</sup> Supplemental Security Income

**VI. Total Income Part IV, minus Total Expenses Part V**

**Disposable Net Monthly Income** \$ \_\_\_\_\_

**VII. Liquid Assets**

**Verified?**

- a. Cash, savings, bank accounts (include joint accounts) \$ \_\_\_\_\_ Y N
- b. Stocks, bonds, certificates of deposit \$ \_\_\_\_\_ Y N
- c. Equity in real estate \$ \_\_\_\_\_ Y N
- d. Equity in motor vehicle required for employment, IF over \$3,000 (list overage: value minus \$3,000) \$ \_\_\_\_\_ Y N  
 Make of car \_\_\_\_\_ Year \_\_\_\_\_
- e. Equity in additional vehicles (list total value) \$ \_\_\_\_\_ Y N
- f. Personal property (jewelry, boat, stereo, etc.) \$ \_\_\_\_\_ Y N

**Total Liquid Assets** \$ \_\_\_\_\_

**VIII. Affidavit and Notification**

I, \_\_\_\_\_ (print name) do hereby certify (or declare) under penalty of perjury under the Laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085). By my signature below, I authorize the court to verify all information provided here. I further swear to immediately report any change in financial status to the court. I understand that if bail is imposed in this matter or if my financial condition changes I may request a redetermination.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Place \_\_\_\_\_

**IX. Determination of Indigency**

- a. Disposable Net Monthly Income (from Section VI) \$ \_\_\_\_\_
- b. Total Liquid Assets (from Section VII) + \$ \_\_\_\_\_
- c. **Total Available Funds** (a plus b) = \$ \_\_\_\_\_
- d. Anticipated Cost of Counsel for Offense Type(s) \$ \_\_\_\_\_

\_\_\_\_ If (c) is zero (0) or less, party is **INDIGENT**. \_\_\_\_ If (c) is greater than (d), party is **NOT INDIGENT**.

\_\_\_\_ If (c) is more than zero (0) but less than (d), party is **INDIGENT AND ABLE TO CONTRIBUTE**.

**Assessment Amount** \$ \_\_\_\_\_

**X. Recommendation**

Should this recommendation be modified due to anticipated length or complexity of case? (circle one) Yes No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other considerations or comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The above constitutes my recommendation to the court. I have explained my recommendation to the party.**

Screening Agent/Witness (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Agency/Organization \_\_\_\_\_

**XI. Finding**

\_\_\_\_ Indigent \_\_\_\_ Not Indigent \_\_\_\_ Indigent and Able to Contribute Assessment \$ \_\_\_\_\_

Judge or Judge's Designee \_\_\_\_\_ Title \_\_\_\_\_