

THURSTON COUNTY DISTRICT COURT
INDIGENCY SCREENING FORM

CONFIDENTIAL
[Per RCW 10.101.020(3)]

Court Case Number: _____

Name _____

To opt in to text reminders for future court dates, check here and enter your cell phone number. Standard text messaging rates may apply. **Non-delivery or non-receipt of a text message does not release you of your obligation to appear if you have been previously noticed.**

Cell (including area code) _____

Address _____

City _____ State _____ Zip _____

1. Do you work or have a job? ___yes ___no. If so, take-home pay: \$_____
2. 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: \$_____
3. 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: \$_____
4. Do you receive money from any other source? ___ yes ___no If so, how much? \$_____
5. Do you have children residing with you? ___ yes ___no. If so, how many? _____
6. Including yourself, how many people in your household do you support? _____

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 _____