

Procedure for Video Court during COVID-19 public health emergency:

If you would like to be screened for the public defender, you must complete this form and return it the form at least one week in advance of your hearing.

Email: Scan/take a clear photo of each page and email to court@bainbridgewa.gov

Fax: 206-842-0316

Mail: Bainbridge Island Municipal Court, P.O. Box 151, Rollingbay, WA 98061

INDIGENCY SCREENING FORM

CONFIDENTIAL

[Per RCW 10.101.020(3)]

Name _____

Address _____

City _____ State _____ Zip _____

Email address: (print clearly) _____

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 | _____ Aged, Blind or Disabled Assistance Program |
| _____ Pregnant Women Assistance Benefits | |
| _____ Other – Please Describe | _____ |

Recipients of public assistance are presumed indigent, but may be found able to contribute to the costs of their defense under RCW 10.101.010. *State v. Hecht*, 173 Wash. 2d 92 (2011).

2. Do you work or have a job? ____yes ____no.

If so, how much money do you take home per month \$ _____

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, value: \$_____ Amount owed: \$_____
9. Do you own a vehicle(s)? ___yes ___no. If so, year(s) and model(s) of your vehicle(s):_____ Amount owed: \$_____
10. How much money do you have in checking/saving account(s)? \$_____
11. How much money do you have in stocks, bonds, or other investments? \$_____
12. How much are your routine living expenses (rent, food, utilities, transportation) \$_____
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 and sign the following:***

I understand the court may require 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 at no expense

_____ 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