

DOUGLAS COUNTY DISTRICT COURT

INDIGENCY SCREENING FORM

CONFIDENTIAL [Per RCW 10.101.020(3)]

Case No. _____

Name:			
Mailing Address:			
Residential Address:			
Email:		Phone No.	

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

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

2. Do you work or have a job? Yes No. If yes, Monthly take home pay \$ _____

Occupation: _____ Business Name & Phone No.: _____

3. Do you have a spouse/state registered domestic partner who lives with you? Yes No.

Does she/he work? Yes No. If yes, Monthly take-home pay: \$ _____

4. Do you and/or your spouse/state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? Yes No. If yes, Which one? _____ Amount: \$ _____

5. 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 yes, how much per month? \$ _____

6. Do you have children residing with you? Yes No If yes, how many are minors? _____

7. Including yourself, how many people in your household do you support? _____

8. Do you own a home? Yes No. If yes, value: \$ _____ Amount owed: \$ _____

9. Vehicle Year and Model: _____ Value: \$ _____ Amount owed: \$ _____

10. How much money do you have in:

CHECKING ACCT.	SAVINGS ACCT.	STOCKS/BONDS/OTHER INVESTMENT ACCTS.
\$ _____	\$ _____	\$ _____

12. 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 yes, describe: _____

13. Do you have money available to hire a private attorney? Yes No.

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

City, State

Date: