

DOUGLAS COUNTY DISTRICT COURT

ADDRESS VERIFICATION

Case # _____

Name: _____

Physical Address: _____
Street, Apt City State Zip

Mailing Address: _____
Street, Apt City State Zip

Home Phone: _____ Message Phone: _____ Business phone: _____

Employer: Name/Address/Phone: _____ Years employed _____

Parents: Name/Address/Phone _____

Nearest Relative: Name/Address/Phone _____

Contact: Person/Address/Phone _____

FINANCIAL AFFIDAVIT

To qualify for a public defender or a time payment agreement the following must be filled out **completely**.

Hours worked per week _____ Hourly/Monthly wage: _____ Spouse/Partner's Name: _____

Spouse/Partner's Employer: _____ Hourly/Monthly Wage: _____ Years employed: _____

Total Monthly Income: _____ No. of Dependents: _____ Ages: _____, _____, _____, _____, _____, _____

EXPENSES

Rent/Mortgage: \$ _____

Food: \$ _____

Utilities: \$ _____

Car payment: \$ _____

Other payments: \$ _____

Total expenses: \$ _____

ASSETS

Bank Acct. \$ _____ (money info only)

Vehicles: #1, \$ _____

#2, \$ _____

Property: \$ _____

Other assets: \$ _____

Total assets: \$ _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF WASHINGTON THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. Should there be any change in the above statement, I will advise the court immediately.

_____ I UNDERSTAND AND AGREE TO KEEP ALL APPOINTMENTS AS SCHEDULED BY THE PUBLIC DEFENDER.

Date

Defendant's Signature