

DOUGLAS COUNTY DISTRICT COURT

INDIGENCY SCREENING FORM

CONFIDENTIAL [Per RCW 10.101.020(3)]

Name _____ Case No. _____

Address (mailing) _____ City _____

Address (physical) _____ City _____

_State _____ Zip _____ Phone number(s) _____ email _____

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"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Refugee Settlement Benefits |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other – Please Describe _____ |
| <input type="checkbox"/> General Assistance | _____ |

{If you marked an "x" by any of the above, please stop here and sign at # 14 below.}

2. Do you work or have a job? yes no. If so, take home pay \$ _____
Employer's name: _____

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: \$ _____

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 (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 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): _____ If so, value: \$ _____ 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. 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: _____

13. Do you have money available to hire a private attorney? yes no.

14. ***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 _____