

APPLICATION FOR PUBLIC DEFENDER - CONFIDENTIAL -

Name _____

Address _____
(Street) _____ (City) _____ (State) _____ (Zip Code) _____

Place and "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 | |

Do you work or have a job? _____ yes _____ no. If yes, occupation: _____
Employer's name & phone number _____Do you have a spouse or partner who lives with you? _____ yes _____ no. If yes, name: _____
Occupation & Employers name _____Do you and/or your spouse/partner receive unemployment, Social Security, a pension, or workers compensation? _____ yes _____ no.
If yes, please specify _____ Amount \$ _____

Please complete all that applies:

| | |
|---|----------|
| Monthly income from work (after deductions) | \$ _____ |
| Spouse or partner's monthly income from work (after deductions) | \$ _____ |
| Contribution from any person living w/you | \$ _____ |
| Interest, dividends, or other earnings | \$ _____ |
| Other income (specify) _____ | \$ _____ |

Do you and/or your spouse/partner have children residing with you? _____ yes _____ no. How many? _____
Including yourself, how many people in your household do you support? _____

Do you own a home? _____ yes _____ no. If yes: Value _____ Amount owed _____

Do you own a vehicle(s)? _____ yes _____ no. If yes, year(s) and model(s) of vehicle(s) _____
Value of vehicle(s) _____ Amount owed on vehicle(s) _____How much money do you have in checking/savings account(s)? _____
Stocks, bonds, or other investments? _____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:

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

I certify under penalty of perjury under Washington State law that the above is true and correct. I give my permission for the court or designated agency to verify this information and I authorize all persons listed above to release my financial information to the Gig Harbor Municipal Court, and I agree to hold them harmless for such release. **I also agree to immediately report any change in my financial status to the court.**

Signature _____

Date _____

FOR COURT USE ONLY – DETERMINATION OF INDIGENCE

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 _____