

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 & Employer 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 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