

APPLICATION FOR COURT APPOINTED COUNSEL --- Cause No. _____
(CONFIDENTIAL - RCW 10.101.020(3))

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT. I WILL IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL STATUS TO THE COURT. I UNDERSTAND I MAY BE REQUIRED TO VERIFY THE INFORMATION PROVIDED.

Signature _____ Date _____
Printed Name _____ Current Mailing Address _____
 General Delivery _____
City _____

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced
Number of dependent minor children who reside with you that you support: ____
Number of dependent minor children you pay child support for: ____ Are you current in your child support obligation? __ Y __ N

PUBLIC ASSISTANCE CURRENTLY RECEIVING (RCW 10.101.010(3)(a))

____ Welfare/TANF ____ Food Stamps ____ Medicaid ____ Poverty Related Veterans' Benefits
____ Aged, Blind, or Disabled Assistance ____ Medical Care Services (RCW 74.09.035)
____ Pregnant Women Assistance ____ Refugee Resettlement Benefits ____ Other _____
____ Supplemental Security Income (Designed to assist aged, blind, and disabled or to assist in meeting basic needs)

CURRENT FINANCIAL STATUS

1. EMPLOYMENT	YOURS	SPOUSE
a. Employer:	_____	_____
b. Check:	____ Full Time ____ Part Time ____ Seasonal	____ Full Time ____ Part Time ____ Seasonal
c. If unemployed, how long?	_____	_____

2. INCOME	YOURS	SPOUSE
a. Salary/Wages - Take home pay:	_____	_____
b. Social Security Retirement Benefits:	_____	_____
c. Other Retirement Received:	_____	_____
d. Pension Received:	_____	_____
e. Unemployment / Worker's Compensation:	_____	_____
f. Alimony or Maintenance Received:	_____	_____
g. Child Support Received:	_____	_____
h. Other source of income _____	_____	_____

3. AVAILABLE MONEY	YOURS	SPOUSE
a. Cash on Hand:	_____	_____
b. Checking Account(s):	_____	_____
c. Savings Account(s):	_____	_____
d. Stock, Bonds, Trusts, CD's, Other:	_____	_____

4. ASSETS
a. Value of Real Estate (Cash Value Minus Amount Owed): _____
b. Value of Vehicle(s) (Cash Value Minus Amount Owed): _____

MONTHLY EXPENSES

1. HOUSING COSTS
a. Monthly Rent or Mortgage: _____ b. Utilities (Electricity, heat, etc): _____

2. OTHER
a. Food: _____ b. Transportation: _____ c. Health Care: _____ d. Clothing: _____
e. Loan Payments: _____ f. Fines: _____ g. Other (Describe): _____

THIS APPLICATION IS: ____ Approved ____ Approved Subject to Repayment ____ Denied ____ Re-screen in Future
Judge: _____ Date: _____