

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

Seasonal

c. If unemployed, how long? _____

_____ Full Time _____ Part Time _____

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: _____

