

# 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 \_\_\_\_\_