

YOUR NAME: _____

APPLICATION FOR PUBLIC DEFENDER

MONTHLY INCOME:

Present Employer (Name, Address & Phone #)	How Long Employed	Hours worked per week
Spouse's Employer (Name, Address & Phone #)	How Long Employed	Hours worked per week
APPLICANT'S MONTHLY TAKE HOME PAY (After Taxes)		\$ _____
SPOUSE'S MONTHLY TAKE HOME PAY (After Taxes)		\$ _____
NON-POVERTY BASED ASSISTANCE (Unemployment, Social Security, L&I, etc.)		\$ _____
OTHER INCOME (Child Support, Spousal Maintenance, Rental Income, etc.)		\$ _____
TOTAL MONTHLY INCOME:		\$ _____

SUPPORT OBLIGATIONS:

TOTAL NUMBER OF DEPENDENTS (Include Applicant): _____
If Juvenile, does applicant live with: _____ Both Parents _____ Mother _____ Father _____ Guardian

PRESUMPTIVE ELIGIBILITY:

DEFENDANT RECEIVES: AFDC GAU FOOD STAMPS SSI VA MEDICAID WIC MED CORP ADATSA
OTHER (Specify): _____

CASE NUMBERS: _____
ANNUAL INCOME AFTER TAXES LESS THAN 125% OF POVERTY LEVEL _____

MONTHLY EXPENSES (For Applicant & Dependents):

BASIC MONTHLY LIVING EXPENSES:	RENT/MORTGAGE	PHONE	ELECTRICITY	GAS
	WATER/SEWER	LIFE/HOUSE INSURANCE	TRANSPORTATION TO WORK	FOOD
	CAR PAYMENT	CAR INSURANCE		
TOTAL BASIC LIVING EXPENSES				\$ _____
COURT IMPOSED OBLIGATIONS (Specify Monthly Amount)				\$ _____
BAIL/BOND PAID (This Offense)				\$ _____
OTHER (Unusual) EXPENSES (Specify)				\$ _____
(Medical Bills, Child Support, Prior Attorney Fees, Past Due Utility, Rent, IRS Payments, Union Dues, Collection Agency, etc)				\$ _____
TOTAL MONTHLY EXPENSES				\$ _____
TOTAL INCOME MINUS TOTAL EXPENSES EQUALS DISPOSABLE NET MONTHLY INCOME				\$ _____

LIQUID ASSETS:

CASH (On Hand/On Books, Savings, Checking, Bank Accounts)	\$ _____
STOCKS, BONDS, CERTIFICATES OF DEPOSIT	\$ _____
EQUITY IN REAL ESTATE	\$ _____
EQUITY IN MOTOR VEHICLE NOT REQUIRED FOR WORK	\$ _____
EQUITY IN ADDITIONAL VEHICLES	\$ _____
PERSONAL PROPERTY (Boats, stereo, VCR, Jewelry, Guns, etc.)	\$ _____
TOTAL LIQUID ASSETS	\$ _____

AFFIDAVIT AND NOTIFICATION

I, _____ (print name), do hereby certify and declare under penalty of perjury under the Laws of the State of Washington, that the foregoing is true and correct (RCW 9A.72.085). By my signature below, I authorize the court or its designee to verify all information provided here. Verification may include a credit report. I further swear to immediately report any change in financial status to the court. I understand if bail is imposed in this matter or if my financial condition changes, I may request a re-determination.

SIGNED _____ DATE _____ PLACE _____

DETERMINATION OF INDIGENCY:

A. DISPOSABLE NET MONTHLY INCOME \$ _____ B. TOTAL LIQUID ASSETS \$ _____
C. TOTAL AVAILABLE FUNDS (A plus B) \$ _____ D. ANTICIPATED COST OF COUNSEL \$ _____

*****OTHER CONSIDERATIONS**

() Indigent () Indigent and able to contribute/Assessment: \$ _____ () Not Indigent

Date: _____

Michael A. Dunn, Judge