

APPLICATION FOR COURT APPOINTED COUNSEL ---Cause No. _____

(CONFIDENTIAL – RCW10.101.020(3))

NAME: _____

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 THIS INFORMATION PROVIDED.

Current Mailing Address _____

Phone Number _____

Email Address _____

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? ____

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

c. If Unemployed, how long? _____

____ Full Time ____ Part Time ____ Seasonal

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. Bank Account(s) _____

c. Stock, Bonds, Trusts, CD's, Other: _____

4. ASSETS

a. Do you own a home? ____ Yes ____ No

b. Value of Real Estate (Cash Value Minus Amount Owed): _____

c. Do you Own a Vehicle: ____ Yes ____ No

d. 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) _____

Date: _____

Signature: _____

THIS APPLICATION IS : _____ **Approved** _____ **Denied** _____ **Re-screen**

Judge: _____ **Date:** _____