

**APPLICATION FOR COURT APPOINTED COUNSEL ---Cause No. \_\_\_\_\_**(CONFIDENTIAL – RCW10.101.020(3)) **NAME:** \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PURJURY 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: \_\_\_\_\_

 Full Time  Part Time  Seasonal Full Time  Part Time  Seasonalb. Check:  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. Bank Account(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Stock, Bonds, Trusts, CD's, Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. ASSETS**a. Do you own a home?  Yes  No**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: \_\_\_\_\_