

SEDRO-WOOLLEY MUNICIPAL COURT, SKAGIT COUNTY, WASHINGTON

DETERMINATION OF INDIGENCY REPORT

I. Identification

APPLICANTS NAME: _____ Cit No. _____

Address: _____

Street City State Zipcode

Telephone # (____) ____-____ Date of Birth ____/____/____ Occupation: _____

Employer: _____

Name Address Telephone #

MI SDEMEANOR CHARGES: _____

- | | | | | |
|---|--|---|----------------------------------|--|
| <input type="checkbox"/> DWLS 3 rd | <input type="checkbox"/> Theft 3 rd | <input type="checkbox"/> Disorderly Conduct | <input type="checkbox"/> Assault | <input type="checkbox"/> DV Assault |
| <input type="checkbox"/> DWLS 2 nd | <input type="checkbox"/> UI BC | <input type="checkbox"/> Harassment | <input type="checkbox"/> NVOL | <input type="checkbox"/> Interfer w/reporting DV |
| <input type="checkbox"/> DWLR 1 st | <input type="checkbox"/> DUI | <input type="checkbox"/> Negligent Driving | <input type="checkbox"/> MIP | <input type="checkbox"/> Malicious Mischief |

II. Support Obligations

Total # Dependents (Including applicant) _____ If juvenile dependent, does he/she live with Parents? (Circle) Y N
 If yes: Father's name: _____ Mother's Name (include maiden) _____

III. Presumptive Eligibility (Check all that apply)

- a. _____ Party is indigent because receives public assistance in form of: AFDC General Assistance Food Stamps
 Medicaid Poverty-Related V.A. Benefits SSI Refugee Resettlement Benefits Other: specify: _____
 Case No. _____ Verified? _____ Method _____
- b. _____ Party is indigent because committed to a public mental health facility. Verified? _____
- c. _____ Party is indigent because annual income, after taxes, is \$125% or less of current federally established poverty level.
 \$ _____ Specify annual income after taxes: Verified? Y N Method: _____

If Section III, a, b, or c applies, complete only Sections VIII, X and XI. Submit report to Court. If Section III is not applicable, complete all remaining sections.

IV. Monthly Income

- | | VERIFIED? |
|---|--------------|
| a. Monthly Take Home pay after deductions | \$ _____ Y N |
| b. Spouse's take-home pay (Enter n/a if conflict) | \$ _____ Y N |
| c. Contribution from any person domiciled with applicant & helping defray basic living costs. | \$ _____ Y N |
| d. Interest, dividends, or other earnings | \$ _____ Y N |
| e. Non-poverty based assistance (Unemployment, SSI, Worker's Compensation, and Pension Annuities) (DON'T include poverty-based assistance. (See IV.A) | \$ _____ Y N |
| f. Other income (Specify) _____ | \$ _____ Y N |

V. Monthly Expenses (for applicant and dependents: average where applicable)

- | | |
|---|--------------|
| a. Basic Living costs – shelter (rent, mortgage, board) | \$ _____ Y N |
| Utilities (heat, electricity, water); (enter 0 if included in cost of shelter) | \$ _____ Y N |
| Food | \$ _____ Y N |
| Clothing | \$ _____ Y N |
| Health Care | \$ _____ Y N |
| Transportation | \$ _____ Y N |
| Loan Payments (Specify) _____ | \$ _____ Y N |
| b. Court imposed obligations (Check) <input type="checkbox"/> Fines <input type="checkbox"/> Court Costs <input type="checkbox"/> Restitution <input type="checkbox"/> Support <input type="checkbox"/> Other | \$ _____ Y N |
| c. Bail/Bond paid or anticipated (this offense) | \$ _____ Y N |
| d. Other expenses (specify) _____ | \$ _____ Y N |

TOTAL EXPENSES \$ _____

VI. Total Income Part IV, minus Total Expenses Part V Disposable Net Monthly Income \$ _____

VII. Liquid Assets

VERIFIED?

- a. Cash, savings, bank accounts (include joint Accounts. \$ _____ Y N
- b. Stocks, bonds, certificates of deposit \$ _____ Y N
- c. Equity in real estate \$ _____ Y N
- d. Equity in motor vehicle required for employment, \$ _____ Y N
 Make of car _____ Year _____ (If over \$3,000 list overage minus \$3000)
- e. Equity in additional vehicles (List total value) \$ _____ Y N
- f. Personal property (jewelry, Boat, Stereo, etc.) \$ _____ Y N

Total Liquid Assets \$ _____ Y N

VIII. Affidavit and Notification

I, _____ (print name) do hereby certify (or 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 to verify all information provided here. I further swear to immediately report any change in financial status to the court. I understand that if bail is imposed in this matter or if my financial condition changes, I may request a redetermination.

Signed: _____ Date: _____

IX. Determination of Indigency

- a. Disposable Net Monthly Income (from Section VI) \$ _____ Y N
- b. Total Liquid Assets (from Section VII) \$ _____ Y N
- c. **Total Available Fund** (a plus b) \$ _____ Y N
- d. Anticipated Cost of Counsel of Offense Types(s) \$ _____ Y N

___ if (c) is zero (0) or less, party is **INDIGENT**. ___ If (c) is greater than (d), party is **NOT INDIGENT**.
 ___ If (c) is more than zero (0) but less than (d), party is **INDIGENT AND ABLE TO CONTRIBUTE**.

Assessment Amount \$ _____

X. Recommendation

Should this recommendation be modified due to anticipated length or complexity of case? (circle one) Yes No
 If yes, explain: _____

Other Considerations or comments: _____

The above constitutes my recommendation to the Court. I have explained my recommendation to the Party.

Screening Agent/Witness (please print) _____ date _____

Signature _____ Agency/Organization _____

XI FINDING

Indigent Not Indigent Indigent and Able to Contribute Assessment: \$ _____

Judge or Judge's Designee: _____ Title: _____