

FOR OFFICE USE ONLY

COURT: _____ ATTORNEY ASSIGNED: _____

CASE NUMBER (S): _____

CHARGES: _____

COURT DATE (S): _____

CO-DEFENDANT (S): _____

REFERENCES FOR FUTURE COURT DATES:

Name: _____ Relationship: _____ Phone: _____

Email Address: _____

DETERMINATION OF INDIGENCY

_____ Indigent

_____ Not Indigent

_____ Able to contribute

Social Security #: _____

COMMENTS: _____

Information Verified _____ YES _____ NO Interviewer: _____ Date: _____

I understand the court may require verification of the information provided on this form. 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 information provided on this form is true and correct (Perjury is a Criminal offense – see Chapter 9A.72 RCW)

Applicant Signature: _____ Date: _____

UNABLE TO SIGN. PERJURY STATEMENT VERIFIED ORALLY. _____ Interviewer Initials