Pend Oreille County District Court
Public Defender Application
Confidential (RCW 10.101.020)

I. Identification

Applicant Name_____ Case #_____

Occupation_____ Employer _____ Employed How Long?_____

If unemployed, how long have you been unemployed? _____ Have you applied for unemployment? Yes/No.
Are you eligible for unemployment? Yes/No. See below for reporting monthly amount of unemployment.

II. Attorney: Have you been represented by an attorney in Pend Oreille County? Yes/No
If so, name of attorney (s) who has represented you: _____

III. Support Obligations: List all legal dependents living with you.

1. Defendant/Applicant
2. _____ Age: ____ Relationship to you: _____
3. _____ Age: ____ Relationship to you: _____
4. _____ Age: ____ Relationship to you: _____
5. _____ Age: ____ Relationship to you: _____
6. _____ Age: ____ Relationship to you: _____
7. _____ Age: ____ Relationship to you: _____

If you are a juvenile defendant, do you live with your parents? Yes/No.

IV. Presumptive Eligibility (check all that apply) Do you receive any of the following need based financial assistance?

( ) AFDC $_____ ( ) General Assistance $_____ ( ) Food Stamps $_____
( ) Medicaid $_____ ( ) Poverty-related V.A. Benefits $_____ ( ) SSI $_____
( ) Other, specify_____$_____

V. Monthly Income (enter the amount or zero for each type of 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. Money you receive from any other person living with you to defray living expenses (rent, utilities, food, etc.)	$_____	Y N
d. Interest, dividends, or other earnings	$_____	Y N
e. Non-Poverty based assistance (Unemployment, Social security, Workers Compensation, pension, annuities)	$_____	Y N
f. Other income (specify) _____	$_____	Y N
Total Income	$_____	

If you have no monthly income, explain how you are supporting yourself: _____
_____
_____
_____

VI. Monthly Expenses (for applicant and dependents; average where applicable) Verified

a. Basic Living Costs-Shelter (rent, mortgage, board) $_____ Y N
b. Court imposed obligations (check) ____ fines____ court costs____
restitution____ support____ other $_____ Y N
c. Bail/bond paid or anticipated (this offense) $_____ Y N
d. Other expenses (specify) _____ $_____ Y N

Total Expenses $_____

VII. Liquid Assets (enter the amount or zero for each asset line)
a. Cash, savings, bank accounts (include joint accounts) $_____ Y N
b. Stocks, bonds, certificates of deposit $_____ Y N
c. Equity in Real Property you own or are purchasing. Subtract the amount
still owed $ _____ from assessed value $_____ = $_____ Y N
d. Equity in motor vehicles not required for employment (include cars, trucks, boats, and recreational vehicles
Make of vehicle_____ year_____ $_____ Y N
Make of vehicle_____ year_____ $_____ Y N
Make of vehicle_____ year_____ $_____ Y N
Make of vehicle_____ year_____ $_____ Y N
f. Personal property (jewelry, stereo, etc.) $_____ Y N
g. Ownership interest in a business? $_____ Y N

Total Liquid Assets $_____

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 (RCW9A.72.085). By my signature below, I authorize the court to verify all information provided here. <u>I further swear to immediately report any change in financial status to the court.</u> I understand that if bail is imposed in this matter or if my financial condition changes I may request a re-determination.

Signed_____ **Date**_____
Place_____ (city, state)

DO NOT WRITE BELOW THIS LINE

IX. Finding: ____Indigent ____Indigent and able to contribute $_____, ____Not Indigent (Denied)

Court Representative_____ Date _____