

SEATAC MUNICIPAL COURT

4800 S. 188<sup>th</sup> St.

SeaTac, Washington 98188

INSTRUCTIONS FOR APPLICATION FOR PUBLIC DEFENDER

The application along with copies of all supporting documentation must be completed and filed with the SeaTac municipal court clerk within seven days after your arraignment. Failure to attach supporting documentation may result in denial of the public defender.

YOU MUST HAVE THE FOLLOWING PAPERWORK WITH YOU IN ORDER TO APPLY:

1. Proof of your income (last 30 days), unemployment compensation, or retirement/disability pay (check stubs, payment coupons, statements). If your expenses exceed your income, provide a written explanation on how you pay for basic necessities such as food, shelter, and transportation. (Your last year's tax return may be requested.)
2. Proof of all public assistance that you receive (current) award letter, check stub, medical coupon (for GAU).
3. Proof of your basic living expenses (receipts). Example: Rent or mortgage payments, utilities, phone, car payments, car insurance, child support, day care, etc.
4. Handwritten support statement if living with someone and not contributing to the basic household expenses. Statement must include the address and telephone number of the person signing the statement.
5. Proof of any other unusual expenses paid in the past 30 days (medical payments, collection debts, loans, etc)
6. Self-employed persons must bring in tax statements, business ledgers, reported sales tax, bank statements (last 60 days) and copy of the business license.

SEATAC MUNICIPAL COURT  
PUBLIC DEFENDER APPLICATION

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Do you own this home or rent? \_\_\_\_\_

If you own this home, approximate value of home: \_\_\_\_\_

Value of any other real estate that you own: \_\_\_\_\_

Applicant telephone number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address and Telephone number: \_\_\_\_\_

Support Obligations:

Total number of legal dependents including applicant (include spouse and children born to you; do not include brothers, sisters, parents, roommates, girlfriends or boyfriends):

\_\_\_\_\_

Do you receive public assistance in the form of: (check all that apply)

AFDC    General Assistance    Food Stamps    Medicaid    SSI

Poverty related V.A. Benefits    Refugee Resettlement Benefits    Other

(specify): \_\_\_\_\_

\_\_\_\_\_

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**Income:**

\_\_\_\_\_ Monthly income

\_\_\_\_\_ Spouse's monthly income

\_\_\_\_\_ Contribution from any person living with applicant

\_\_\_\_\_ Interest, dividends, or other earnings

\_\_\_\_\_ Unemployment, social security, workers compensation, pension,  
Annuities received each month

\_\_\_\_\_ Other income

**Expenses:**

\_\_\_\_\_ Shelter (circle: rent mortgage board )

\_\_\_\_\_ Utilities (heat, electricity, water)

\_\_\_\_\_ Food

\_\_\_\_\_ Clothing

\_\_\_\_\_ Health Care

\_\_\_\_\_ Transportation (circle: gas for car, bus pass, other )

\_\_\_\_\_ Loan Payments (specify what loan is for: \_\_\_\_\_)

\_\_\_\_\_ i.e, car payments, mortgage, credit card (specify what card payments are for: computer, TV, clothes, etc.)

\_\_\_\_\_ Other expenses (specify: \_\_\_\_\_)

\*\*\*\*\*If unemployed, or if expenses are greater than income, list how you are paying for food, transportation, rent, and other day to day expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assets:**

\_\_\_\_\_ Cash, savings account, checking account, joint accounts

\_\_\_\_\_ Stocks, bonds, certificates of deposit, etc.

\_\_\_\_\_ Value of vehicles Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

\_\_\_\_\_ Personal property (jewelry, boat, stereos, TVs, computers, laptops, cell phones, blue tooth, iPods, etc.

**Affidavit:**

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.

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Signature

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Date

Determination:

\_\_\_\_\_ Indigent

\_\_\_\_\_ Indigent and able to contribute \$195 for recoupment

\_\_\_\_\_ Not Indigent

\_\_\_\_\_ Incomplete \_\_\_\_\_

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Judge or Judges Designee

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Date