2026 Health and Human Services Department Poverty Guidelines

RCW 10.101.010 provides multiple definitions of "indigent" for purposes of the appointment of counsel in criminal, juvenile, involuntary commitment, and dependency cases, and any other case where the right to counsel attaches. RCW 10.101.013(3)(c) defines indigent as "receiving an annual income, after taxes, of one hundred twenty-five percent or less of the current federally established poverty level." The following chart provides, by household size, the 2026 rates for 125% of the U.S. Department of Health and Human Services Poverty Guidelines rounded to the nearest hundredth.

Persons in Family/ Household	Annual Income	Monthly Income	Recoupment
1	$19,950.00	$1,662.50	$2,493.75
2	$27,050.00	$2,254.17	$3,381.26
3	$34,150.00	$2,845.83	$4,268.75
4	$41,250.00	$3,437.50	$5,156.25
5	$48,350.00	$4,029.17	$6,043.76
6	$55,450.00	$4,620.83	$6,931.25
7	$62,550.00	$5,212.50	$7,818.75
8	$69,650.00	$5,804.17	$8,706.26

For family units with more than 8 members, add $7,100.00 annually (or $591.67 monthly) for each additional member to meet $125% of the federal poverty guidelines

Source: U.S. Department of Health and Human Services, Office of the Assistance Secretary for Planning and Evaluation

Public Defender Application

Name: _____

Case Number: _____

Phone: _____

Email: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO YOUR COMPLETED APPLICATION.

- Pay Stubs showing income for the last 30 days
- Award letter for Government Assistance (Food Stamps, ABD, TANF, V.A. Benefits, or SSI)
- If you do not have pay stubs or an award letter, please provide proof of an alternative source of income.
    - Please specify: _____

FOR COURT USE ONLY

FINDINGS

_____ Approved for Public Defender

_____ Approved for Public Defender with recoupment fee of $550.00

_____ Denied

Clerk Initials: _____

Date: _____

GOVERNMENT ASSISTANCE

Do you receive any of the following? (Check all that apply)

( ) ABD ( ) TANF ( ) EBT/SNAP ( ) V.A. Benefits ( ) SSI

( ) Other. Please specify: _____

*****IF YOU RECEIVE GOVERNMENT ASSISTANCE, DO NOT PROCEED FURTHER WITH APPLICATION. PLEASE SUBMIT YOUR APPLICATION TO THE COURT FOR REVIEW*****

EMPLOYMENT

Are you currently employed? (Circle One): YES / NO

Occupation: _____

Employer: _____

MONTHLY INCOME

Take-home pay (after deductions): $_____

Do you receive any of the following? (Check all that apply)

( ) Unemployment ( ) Social Security ( ) Workers Compensation ( ) Disability

( ) Pension ( ) Annuities Monthly Amount: $_____

Other Income: $ _____ Please specify: _____

Total Monthly Income: $_____

SUPPORT OBLIGATIONS

Total number of legal dependents you claim on taxes (not including yourself): _____

MEDICAL EXPENSES

Do you pay for your own medical insurance? (Not provided by employer)
(Circle One): YES / NO

Monthly amount: $_____

Are you currently paying medical bills? (Circle One): YES / NO

Monthly amount: $_____

VEHICLE LOANS

Are you currently paying a car loan? (Circle One): YES / NO

Monthly amount: $_____

STUDENT LOANS

Are you currently paying for student loans? (Circle One): YES / NO

Monthly amount: $_____

ADDITIONAL INFORMATION

If there is additional information you would like to provide, please provide details below.

_____

_____

_____

_____

_____

AFFIDAVIT

I, _____(print name) do hereby 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 the financial information I have provided.

Signed _____ **Date** _____

NOTIFICATION OF RECOUPMENT FEE & PROMISSORY NOTE

If I am approved for the Public Defender with recoupment, I agree to pay the $550.00 fee within six (6) months of my approval date. Delinquent recoupment fees will be forwarded to a collection agency where you will be required to pay additional interest fees.

Signed _____ **Date** _____