



Indigency/EHM Screening Form

1. Intake screenings are Monday-Thursday from 8:30 a.m. to 3:30 p.m., please check in at the Court Clerk window. **All intake screenings must be completed two weeks prior to your next scheduled hearing.**

2. YOU MUST BRING PHOTOCOPIES OF THE FOLLOWING PAPERWORK WITH YOU. ANY ORIGINALS FILED WILL NOT BE RETURNED TO YOU.

**FAILURE TO ATTACH SUPPORTING DOCUMENTATION WILL RESULT IN THE
DELAY OF PROCESSING YOUR APPLICATION**

- ___ Pay stubs showing income for the last 30 days
- ___ Pay stubs for your spouse
- ___ Award letter for Public Assistance, General Assistance, Food Stamps, Medicaid, poverty-related V.A. benefits, SSI, or other assistance
- ___ Support statement (pg.4) from person you live with if you are not contributing to the basic household expenses. This statement must include the address and telephone number of the person you are living with and their signature.
- ___ Cash, savings, bank accounts (include join accounts)

3. YOU MUST TURN IN ALL THE DOCUMENTATION, NOTATED ABOVE, ALONG WITH THE SIGNED FINANCIAL ASSESSMENT FORM ATTACHED.

FINANCIAL ASSESSMENT

I. IDENTIFICATION

Applicant Name _____ Case # _____

Reason for Request (Circle one); Public Defender application or Electronic Home Monitoring (EHM) Assistance

If requesting EHM assistance, please indicate how much per day you can contribute \$ _____ **(You will still be held accountable for the additional cost of daily taxes and any hookup fees, associated with EHM/SCRAM)**

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.

II. SUPPORT OBLIGATIONS

Total number of legal dependents (including applicants in count) _____ Do your dependents live with you? Yes/No.

III. PRESUMPTIVE ELIGIBILITY (check all that apply)

Do you receive any of the following? () AFDC () TANF () SNAP/Food assistance () Medicaid
() Poverty-related V.A. Benefits () SSI () Other, specify _____

IV. MONTHLY INCOME

a. Monthly take-home pay (after deductions)	\$ _____
b. Spouse's/Significant Other take-home pay	\$ _____
c. Contribution from any person domiciled with applicant and helping defray his/her basic living costs.	\$ _____
d. Interest, dividends, or other earnings	\$ _____
e. Non-Poverty based assistance (Unemployment, Social Security, Workers Compensation, pension, and annuities)	
f. Other Income (specify) _____	\$ _____

Total Income: \$ _____

V. MONTHLY EXPENSES (for applicants and dependents; average where applicable)

a. Basic Living Costs- Shelter (rent, mortgage, board)	\$ _____
b. Utilities (gas, water, electricity, garbage, sewer)	\$ _____
c. Car Payments, car insurance	\$ _____
d. Child Support, day care	\$ _____
e. Other Household expenses	\$ _____

Total Expenses: \$ _____

VI. LIQUID ASSETS

- a. Cash, savings, bank accounts (include joint accounts) \$ _____
- b. Stocks, bonds, certificates of deposit \$ _____
- c. Equity in real estate \$ _____
- d. Equity in motor vehicles not required for employment, IF over \$3000 \$ _____
- Make of Car _____ Year _____
- Make of Car _____ Year _____

VII. 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 probation to verify all information provided here. I further swear to immediately report any change in financial status to the Court Support Services department.

Signed _____ Date _____

Place _____

Officer's Notes:

Officer Signature of Receipt _____ **Date** _____

- VIII. Findings:** _____ Approved for Public Defender (if requested)
- _____ Approved for Public Defender with recoupment fee of \$450.00
- _____ Approved for Lowered EHM Fees, amount approved at \$ _____
(this does not include the additional cost of daily tax and hookup fees, associated with EHM)
- _____ Denied (does not qualify)

Signature _____ **Date** _____

SUPPORT STATEMENT

Defendant Name; _____

Case Number; _____

Print your name; _____

- Fill this declaration out if the defendant is living with you and you completely support him/her without having them contribute to any of the basic household expenses.
- Fill this declaration if the defendant is living with you and pays you directly for expenses.
- Fill this declaration if the defendant is not living with you, but you are paying their expenses.

Statement must include the address and telephone number of the person signing the statement.
You must fill out the itemized cost of support.

This declaration is under penalty of perjury under the laws of the State of Washington.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct (please explain the situation regarding the financial assistance you provide):

Itemized cost of support for the defendant that you
provide (**defendant does not pay**);

Room/Board	\$ _____
Food	\$ _____
Utilities	\$ _____
Phone	\$ _____
Other (explain)	\$ _____

TOTAL \$ _____

Itemized cost of support for the defendant that you
provide (**defendant is paying you this amount**);

Room/Board	\$ _____
Food	\$ _____
Utilities	\$ _____
Phone	\$ _____
Other (explain)	\$ _____

TOTAL \$ _____

DATE: _____

SIGNED AT: _____
(city) (state)

SIGNATURE

ADDRESS: _____

PHONE: _____

EMAIL: _____