

**Public Defender Application**

Case # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. ☐ Welfare ☐ Poverty Related Veterans' Benefits  
☐ Food Stamps ☐ Temporary Assistance for Needy Families  
☐ SSI ☐ Medicaid  
☐ Other: \_\_\_\_\_

**Documentation Required**

2. Do you work or have a job? ☐ Yes ☐ No. If yes, **Monthly** take-home pay: \$ \_\_\_\_\_  
Employer's name & phone #: \_\_\_\_\_
3. Do you have a spouse/partner who lives with you? ☐ Yes ☐ No.  
Does she/he work? ☐ Yes ☐ No. If yes, **Monthly** take-home pay: \$ \_\_\_\_\_  
Employer's name & phone #: \_\_\_\_\_
4. Do you and/or your spouse/partner receive unemployment, Social Security, a pension, workers' compensation or other income? ☐ Yes ☐ No. If yes, specify the **Monthly** amount: \$ \_\_\_\_\_
5. What's your source of income for basic living expenses: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have children residing with you? ☐ Yes ☐ No. If yes, how many? \_\_\_\_\_
7. Including yourself, how many people in your household do you support? \_\_\_\_\_
8. Do you own a home? ☐ Yes ☐ No. If yes, value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_
9. Do you own any vehicle(s)? ☐ Yes ☐ No. If yes, value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_
10. How much money do you have in checking/saving account(s)? \$ \_\_\_\_\_
11. How much in stocks, bonds, or other investments/assets? \$ \_\_\_\_\_
12. Other than routine living expenses such as rent, utilities, food, etc., list other expenses such as **child support** payments, **court-ordered** fines or **medical** bills: \$ \_\_\_\_\_
13. Do you have money available to hire a private attorney? ☐ Yes ☐ No.

**BY SIGNING BELOW, I UNDERSTAND THE COURT MAY ASK FOR ADDITIONAL PROOF OF THE INFORMATION PROVIDED ABOVE. I AGREE TO IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL STATUS TO THE COURT.**

**I, THE ABOVE NAMED DEFENDANT, AUTHORIZES PEND OREILLE COUNTY COURTS TO VERIFY MY BENEFITS WITH DSHS BY USING MY SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR MY DSHS CLIENT ID NUMBER \_\_\_\_\_.**

SIGNED UNDER PENALTY OF PERJURY UNDER WASHINGTON STATE LAW THAT THE ABOVE IS TRUE AND CORRECT IN THE CITY OF \_\_\_\_\_ STATE OF \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR THE COURTS USE ONLY – DETERMINATION OF INDIGENCY**

- ☐ Indigent and able to contribute **\$150.00**;  
eligible for a public defender at no expense upon documented proof of indigence.
- ☐ **Not eligible** for a public defender

\_\_\_\_\_  
CLERK