

## Office of Assigned Counsel

311 Grand Avenue, Suite 301  
Bellingham, Washington 98225  
(360) 778-5564 Office  
AssignedCounselApp@whatcomcounty.us



Clerk of the Court  
Raylene King

Chief Deputy Clerk  
Sandra Kiele

Dear Applicant,

Please complete the enclosed Affidavit of Indigency and be sure to include a telephone number and email address where you can be reached. We may need to verify information on this affidavit or ask for details on incomplete answers.

If you are receiving the types of assistance listed in #1 on the affidavit, you must attach supporting documentation (such as a copy of a recent award letter) to the application. DSHS is good about providing documentation if you tell them you need it for court. A copy of your EBT or Med card is not considered sufficient proof because there are not current dates on these items.

**PLEASE NOTE: We cannot determine indigence without an accurate and complete affidavit.**

If you have questions or concerns regarding this process, please call us at (360) 778-5564. Applications may be submitted on-line to [AssignedCounselApp@whatcomcounty.us](mailto:AssignedCounselApp@whatcomcounty.us), left in the drop-box outside suite 301 in the Courthouse, or mailed to:

Whatcom County Superior Court Clerk  
Attn: Assigned Counsel  
311 Grand Ave., Ste 301  
Bellingham, WA 98225

Sincerely,

Assigned Counsel Staff

# Whatcom County Assigned Counsel and Court Services

## District Court/ Superior Court

INDIGENCY SCREENING FORM  
**CONFIDENTIAL**  
[Per RCW 10.101.020(3)]  
**Please Print Legibly**

**Official Use Only**

AC Initial\_\_\_\_: Approved Denied  
Verified Case No. \_\_\_\_\_

Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Preferred Language \_\_\_\_\_ Interpreter needed  Yes  No  
Case Number \_\_\_\_\_ Next Hearing \_\_\_\_\_  
Charges \_\_\_\_\_

1. Check any of the following types of assistance you receive:

- |  |  |
|--|--|
| <input type="checkbox"/> Welfare                     | <input type="checkbox"/> Poverty Related Veterans' Benefits      |
| <input type="checkbox"/> Food Stamps                 | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI                         | <input type="checkbox"/> Refugee Settlement Benefits             |
| <input type="checkbox"/> Medicaid                    | <input type="checkbox"/> FAFSA/PEL Grant                         |
| <input type="checkbox"/> General Assistance _____    |  |
| <input type="checkbox"/> Other-Please Describe _____ |  |

2. Have you ever served in the United States military?  Yes  No

3. Do you own a home?  Yes  No.

a. If Yes, value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

**{If you check-marked anywhere in #1, please stop here and go to #15 below.}**

4. ***Including yourself***, how many people in your household do you support? \_\_\_\_\_

5. Do you work or have a job?  Yes  No.

a. If Yes, **take-home pay** per month: \$ \_\_\_\_\_,

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

Employer's name & phone #: \_\_\_\_\_

6. Do you have a spouse or state registered domestic partner who lives with you?

Yes  No

7. Does your spouse work or have a job?  Yes  No.

a. If Yes, what is **their take-home pay** per month: \$ \_\_\_\_\_

8. Do you have minor children residing with you?  Yes  No.

a. If Yes, how many? \_\_\_\_\_

9. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation?  Yes  No.  
 a. If Yes, which one? \_\_\_\_\_ Amount per month: \$ \_\_\_\_\_
10. Do you receive money from any other source (include contributions for basic living expenses from any person that lives with you or family members other than a spouse or state registered domestic partner)?  Yes  No.  
 a. If Yes, how much? \$ \_\_\_\_\_
11. Do you own a vehicle(s)?  Yes  No.  
 a. If Yes, year(s) and model(s) of your vehicle(s):  
 Vehicle 1: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_  
 Vehicle 2: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_  
 Vehicle 3: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_
12. How much money do you have in checking/ saving account(s)? \$ \_\_\_\_\_
13. How much money do you have in stocks, bonds, or other investments? \$ \_\_\_\_\_
14. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as **child support payments, court-ordered fines or medical bills**, etc.? If so, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Do you have money available to hire a private attorney?  Yes  No.

**16. Please READ, INITIAL AND SIGN the following:**

\_\_\_\_ I understand the Court may REQUIRE verification of the information provided in #1 above. I agree to provide supporting documentation if needed.

\_\_\_\_ If this application is for a Public Defender, the Court may order the repayment of attorney fees if you plead guilty or are found guilty after a trial.

\_\_\_\_ **Electronic Acceptance.** This agreement may be entered in and executed electronically. By emailing this document to the email address listed at the bottom of the form, the party agrees to all the terms of this screening form. *ONLY INITIAL THIS SECTION IF YOU ARE SUBMITTING VIA EMAIL.*

**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)**

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

**For online submission, please email completed form to:**  
[AssignedCounselApp@whatcomcounty.us](mailto:AssignedCounselApp@whatcomcounty.us)