

**APPLICATION FOR ASSIGNMENT OF PUBLIC DEFENDER  
 INDIGENCY FORM**

Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Resides with: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_  
 DOB (Month/Day/Year): \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Number of children living with you OR you support: \_\_\_\_\_

**Check all that apply. I currently receive the following type(s) of assistance:**

- Welfare    Poverty Related Veterans' Benefits    Disability Life Benefits    SSI    Food Stamps  
 Temporary Assistance for Needy Families    Medicaid    Refugee Settlement Benefits  
 Other - Please Describe \_\_\_\_\_

Present Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Address of employer: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_  
 If unemployed, how long have you been unemployed? \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_

Monthly Expenses		Total Assets		Monthly Income (after tax)	
Rent/House Payment	\$	Vehicle 1 - Equity	\$	Your Wages	\$
Food	\$	Vehicle 2 - Equity	\$	Spouse or state registered domestic partner wages	\$
Electric/Gas Bill	\$	Real Estate - Equity	\$	Other household Income	\$
Water Bill	\$	Tax Refund	\$	Social Security	\$
Telephone Bill	\$	Back Pay	\$	Public Assistance	\$
Auto Payment	\$	Savings Account	\$	Unemployment Yours	\$
Auto Expenses	\$	Credit Union	\$	Unemployment Spouse's	\$
Medical Expenses	\$	Cash on Hand	\$	Other	\$
Child Support	\$	Other	\$	Other	\$
Credit Card Payment	\$	Other	\$	Other	\$
Loan Payments	\$	Other	\$	Other	\$
Court Obligations	\$				
Other	\$				
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

**I do hereby certify under the penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct, I authorize the court to verify all information provided here. I further swear to immediately report any change in my financial status to the Bothell Municipal Court. If approved and found able to contribute, I promise to pay the public defender fee.**

Date: \_\_\_\_\_ Defendant Signature: \_\_\_\_\_

It is hereby ordered that:

- The petitioner has been approved for public defender representation (**SEE REVERSE**)  
 The petitioner is denied (found to be not indigent)

Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

BOTHELL MUNICIPAL COURT  
10116 NE 183<sup>rd</sup> Street  
Bothell, WA 98011  
[municourt@bothellwa.gov](mailto:municourt@bothellwa.gov)

Phone: (425) 487-5587  
Fax: (425) 487-5580

Bothell Municipal Court has approved your application for Public Defender. You are to contact the Law Office of **Stewart MacNichols Harmell, Inc.**, at **(253) 859-8840**. Contact them within 7 to 10 days to make an appointment.

Recoupment of public defender fees is based on a sliding scale, depending on the level of indigency, with the exception of DUI and DV cases.

- Unable to pay the anticipated cost of counsel
- Indigent and able to contribute (\$ \_\_\_\_\_ )  
SEE SLIDING SCALE

The Court may order recoupment upon a change in financial status or in its discretion.

<b>SLIDING SCALE (Total net monthly income)</b>		
<b>FROM</b>	<b>TO</b>	<b>RECOUPMENT</b>
\$ 0	\$ 600	\$ 0
\$ 600	\$ 800	\$ 100
\$ 800	\$ 1000	\$ 150
\$ 1000	\$ 1200	\$ 200
\$ 1200	\$ 1500	\$ 250
\$ 1500 +		\$ 300 +
<b>DUI and DV MINIMUM RECOUPMENT = \$ 350</b>		