

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

Name: _____ Case #: _____
 Address: _____ City: _____ Zip: _____
 Resides with: _____ Relationship: _____
 Phone number: (_____) _____ - _____ Work number: (_____) _____ - _____
 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
 Temporary Assistance for Needy Families Medicaid Food Stamps 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	\$				
Total	\$	Total	\$	Total	\$

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 has approved your application for Public Defender. You are to contact the Law Office of **Stewart MacNichols Harmell, Inc.**, at **(253) 859-8840** for the Kent office or **(425) 454-9959** for the Kirkland office. 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.

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