

**Mercer Island Municipal Court
Public Defender Screening**

Please complete both sides of the following in full. Be sure to include correct and complete contact information; if your information is illegible or incomplete, the Court will not consider your application. Proof of income or employment (tax returns, pay stubs, etc) may be required. Please be aware that the Court may assess a one-time Public Defender recoupment fee.

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Case Number: _____

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

____ Welfare

____ Food Stamps

____ SSI

____ DSHS Medical

____ Medicaid

____ Temp Assistance for Needy Families

____ Other– please describe:

2. Are you employed? ____ Yes ____ No If yes, complete the following:

Employer Name: _____ Job Title: _____

Your monthly take-home pay (after taxes) \$ _____

****If you claim no income, explain how you are supported****

3. Do you have a spouse or registered domestic partner? ____ Yes ____ No If yes, complete:

Employer Name: _____ Job Title: _____

Your spouse's or partner's monthly take-home pay (after taxes) \$ _____

4. Do you have any other sources of income? ____ Yes ____ No If yes, complete the following:

Type of Income: _____

Amount of income (after taxes) \$ _____

5. Do you have children under 18 residing with you? ____ Yes ____ No How many? _____

6. Including yourself, how many people in your household do you support? _____

7. Do you own a home? ____ Yes ____ No If yes, complete the following:

Current value of home: \$ _____

Subtract amount owed on home: \$ _____

Equity: \$ _____

8. Do you own (and hold title to) a vehicle? ____ Yes ____ No If yes, complete the following:

Make, model and year of vehicle: _____

Value of vehicle: \$ _____

Subtract amount owed on vehicle: \$ _____

Equity: \$ _____

9. Other than your routine monthly expenses, do you have other mandatory expenses? _____

Examples: child support, court-ordered fines/treatment, uninsured medical expenses.

(Do not include rent, credit card payments or food expenses).

Type of expense: _____ Monthly amount \$ _____

Type of expense: _____ Monthly amount \$ _____

Type of expense: _____ Monthly amount \$ _____

10. Do you have bank accounts and/or savings? ____ Yes ____ No If yes, complete the following:

Checking/Savings balance: \$ _____

Stocks, bonds or other investments: \$ _____

I do hereby certify under penalty of perjury under the laws of the State of Washington that the above is true and correct (RCW 9A.72.085). By my signature below, I authorize the court to consider information provided here. I further swear to immediately report any change in financial status to the court.

Signature

Date

FOR COURT USE ONLY:

Net monthly income after mandatory expenses: \$ _____ Household Size: ____

Qualified for Public Defender ____ Yes ____ No

Screener Initials: _____ Date: _____