

**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: \_\_\_\_\_