# CHELAN COUNTY DISTRICT COURT

## DECLARATION OF INDIGENCY

The undersigned on oath states that I am financially unable to obtain the service of a lawyer without causing substantial hardship to myself or my family; and **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOLLOWING PERSONAL AND FINANCIAL INFORMATION IS TRUE AND INTENDED TO BE RELIED UPON BY THE COURT IN DETERMINING MY ELIGIBILITY FOR LEGAL SERVICES TO BE FURNISHED ME AT PUBLIC EXPENSE.** Should there be any change in the following circumstances, I will advise the court immediately.

To qualify for a public defender, the following must be filled out **completely .**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (___)_____ Date of Birth: _____

Martial Status: [ ] Single [ ] Married [ ] Divorced [ ] Separated Spouse's Name _____

My Employer: _____ Hours worked per week _____ Hourly/Monthly wage: _____

Spouse's Employer: _____ Hours worked per week _____ Hourly/Monthly wage: _____

Total Monthly Income:_____ No. of Dependents: _____ Ages: _____, _____, _____, _____, _____

| **1. My Monthly Income**: | | | **4. My Monthly Household Expenses**: | |
|---|---|---|---|---|
| Employed [ ] Unemployed [ ] | | | Rent/Mortgage: | $ |
| Employer's Name: | | | Food/Household Supplies: | $ |
| Gross pay per mo (salary or hourly pay): | | $ | Utilities: | $ |
| Take home pay per month: | | $ | Transportation: | $ |
| **2. Other Sources of Income Per Month in my Household**: | | | Ordered Maintenance actually paid: | $ |
| Source: | | $ | Ordered Child Support actually paid: | $ |
| Source: | | $ | Clothing: | $ |
| Source: | | $ | Child Care: | $ |
| Source: | | $ | Education Expenses: | $ |
| | Sub-Total: | $ | Insurance (car, health): | $ |
| [ ] I receive food stamps. | | | Medical Expenses: | $ |
| ***Tot. Inc., lines 1 (take home pay) & 2***: | | **$** | Sub-Total: | **$** |
| **3. My Household Assets**: | | | **5. My Other Monthly Household Expenses**: | |
| Cash on hand: | | $ | | $ |
| Checking Account Balance: | | $ | | $ |
| Savings Account Balance: | | $ | | $ |
| Auto #1 (Value less loan): | | $ | | $ |
| Auto #2 (Value less loan): | | $ | Sub-Total: | **$** |
| Home (Value less mortgage): | | $ | **6. My Other Debts with Monthly Payments**: | |
| Other: | | $ | | $ /mo |
| Other: | | $ | | $ /mo |
| Other: | | $ | | $ /mo |
| Other: | | $ | | $ /mo |
| Other: | | $ | Sub-Total: | $ |
| ***Total Household Assets***: | | **$** | ***Tot. Household Exp & Debts, lines 4, 5 & 6***: | **$** |

_____ I ACKNOWLEDGE THAT IF MY FINANCIAL SITUATION CHANGES, I MAY BE REQUIRED TO REIMBURSE THE COURT FOR THE EXPENSE OF MY PUBLIC DEFENDER, AND THAT I AM REQUIRED TO REPORT TO THE COURT ANY SUCH CHANGE IN FINANCIAL CONDITION.

_____ I UNDERSTAND AND AGREE TO KEEP ALL APPOINTMENTS AS SCHEDULED BY THE PUBLIC DEFENDER OR I WILL LOSE THE RIGHT TO REPRESENTATION BY THE PUBLIC DEFENDER.

Date: _____

_____
Signature Signed in Wenatchee, Washington

☐ Waiver Approved ☐ Waiver Denied

_____
Judge/Pro Tem

_____
Date