

# Application for Indigency Determination

Bellingham Municipal Court  
2014 C Street  
Bellingham WA 98225

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you applied for a public defender in the last 6 months?  Yes  No

List all persons in the home				
Name (Last, First, Middle)	Lived with you since	Relationship to you	Age	Sex

## MARK AN "X" NEXT TO THE ASSISTANCE YOU RECEIVE:

Public/General Assistance

SSD

Food stamps

Poverty-related Veteran's benefits

TANIF

Refugee settlement benefits

Is this your only income?  Yes  No

**STOP HERE IF YOU MARKED "YES" ABOVE (THIS IS MY ONLY INCOME). TURN FORM OVER, SIGN, DATE AND RETURN IT TO THE COUNTER. IF YOU MARKED "NO" ABOVE (THIS IS NOT MY ONLY INCOME), CONTINUE TO COMPLETE THIS FORM AND RETURN IT TO THE COUNTER.**

### OFFICE USE ONLY

Offense: \_\_\_\_\_ Case Number: \_\_\_\_\_ Violation Date: \_\_\_\_\_

Offense: \_\_\_\_\_ Case Number: \_\_\_\_\_ Violation Date: \_\_\_\_\_

Hearing Date/Type: \_\_\_\_\_ Time: \_\_\_\_\_

Eligible:  Yes  No By: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

No determination. Waiting for: \_\_\_\_\_

(Continue on back)

**Employment of household residents. This includes self-employment, odd jobs, seasonal income.**

Applicant's employer's name and location (business name if self-employed):

Occupation

Start date	Stop date	
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Net income (after taxes and required deductions)  including tips  after garnishment

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Current Month Total last 3 months

Household member's name:

Household member's employer's name and location (business name if self-employed)

Occupation

Start date	Stop date	
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Net income (after taxes and required deductions)  including tips  after garnishment

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Current Month Total last 3 months

**Monthly living expenses and debts for you and household members**

Rent/Mortgage (your share)	\$	
Electricity	\$	
Other energy sources	\$	
Water/ Garbage/ Sewer	\$	
Telephone	\$	
Food (total of cash & food stamps), toiletries	\$	
Gasoline/ Bus fare / Payments for rides	\$	
Vehicle loan paid to:	\$	
Vehicle insurance paid to:	\$	
Child care paid to:	\$	
Child support paid to:	\$	
Health care paid to:	\$	
Debt owed to:	Total Owed	Monthly payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Assets owned or being purchased by you and household members**

Cash on hand	\$
Bank Account at:	
Checking	\$
Savings	\$
Bank Account at:	
Checking	\$
Savings	\$
Other account types (Trust, Mutual, Stock, Brokerage)	\$
Vehicle   Make: Year: Value:	\$
Vehicle   Make: Year: Value:	\$
(circle one) Land House Mobile Home Condominium	\$
(circle one) Travel Trailer Boat Other-specify	\$
<b>TOTAL</b>	<b>\$</b>

**Lines of credit or credit cards (not store or gasoline) that you and/or spouse hold:**

Credit card or issuer of line of credit	Credit limit	Credit used	Available credit

The City of Bellingham is authorized to investigate my assets, liabilities, employment and income references. All persons, organizations, agencies, institutions and companies are authorized to release information to the City of Bellingham. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that the court may order the payment of attorney fees if I am found guilty.

Signed \_\_\_\_\_ Date \_\_\_\_\_