

**CENTRALIA MUNICIPAL COURT
118 W MAPLE ST
PO BOX 609
CENTRALIA, WA 98531
360-330-7667**

INSTRUCTIONS FOR APPLICATION FOR PUBLIC DEFENDER

THIS APPLICATION, ALONG WITH COPIES OF ALL SUPPORTING DOCUMENTATION MUST BE COMPLETED AND FILED WITH THE CENTRALIA MUNICIPAL COURT CLERK WITHIN **FIVE DAYS** AFTER YOUR ARRAIGNMENT. FAILURE TO ATTACH SUPPORTING DOCUMENTATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.

YOU MUST RETURN THIS APPLICATION TO THE CENTRALIA MUNICIPAL COURT **IN PERSON**.

You must have the following paperwork with you in order to apply.

*Verification of your income (last 30 days), unemployment compensation, or retirement/disability pay. If your expenses exceed your income, provide a written explanation on how you survive. (Your last year's tax return may be requested.)

*Proof of all public assistance that you receive (current) Award letter, check stub, medical coupon (for GAU only), note that food stamp card is NOT sufficient.

*Proof of your basic living expenses (receipt) for example: rent or mortgage payments (equity denial letter from your bank if buying a house), utilities, phone, car insurance, child support, childcare etc.

*Handwritten support statement if living with someone and not contributing to the basic household expenses. Statement must include the address and telephone number of the person signing the statement.

*Proof of any unusual expenses paid in the last 30 days (medical/dental payments, collections debts, institutional loans, etc.)

*If you are self-employed, bring in tax statements, business ledger, reported sales tax, bank statements (last 60 days) and your business license.

If you qualify for assigned counsel, an attorney will be appointed to represent you for your CURRENT case in this court ONLY.

Full Name _____ SSN _____

Case # _____ Charge(s) _____ Court Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

1.) Place an "x" next to any of the following types of assistance you receive:

- | | |
|---|---|
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Poverty Related Veterans' Benefits |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Refugee Settlement Benefits |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Aged, Blind or Disabled Assistance Program |
| <input type="checkbox"/> Pregnant Women Assistance Benefits | |
| <input type="checkbox"/> Other- Please Describe _____ | |

Recipients of public assistance are presumed indigent, but may be found able to contribute to the costs of their defense under RCW 10.101.010. State V. Hecht, 173 Wash. 2d 92 (2011).

2.) Do you work or have a job? ___ yes ___ no. If so, take-home pay: \$ _____

Occupation: _____ Employer's name & phone #: _____

3.) Do you have a spouse or state registered domestic partner who lives with you?

___ yes ___ no. Does she/he work? ___ yes ___ no. If so, take-home pay: \$ _____

Employer's name: _____ Phone #: _____

4.) Do you and/or your spouse or state registered domestic partner receive unemployment,

Social Security, a pension, or worker's compensation? ___ yes ___ no.

If so, which one? _____

5.) Do you receive money from any other source? ___ yes ___ no. If so, how much? \$ _____

6.) Do you have dependents residing with you? ___ yes ___ no. If so, how many? _____

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

8.) Do you own a home or any type of real estate? ___ yes ___ no.

If so, value: \$ _____ Amount owed: \$ _____

9.) Do you own a vehicle(s)? ___ yes ___ no. If so, year(s) and model(s) of your vehicle(s):

_____ Amount owed: \$ _____

10.) How much money do you have in any bank or financial account(s)? \$ _____

11.) How much money do you have in stocks, bonds, or other investments? \$ _____

12.) How much money do you have in personal property (tools, art, furnishings, firearms, jewelry, boat, electronics, etc.)? \$ _____

13.) How much are your routine living expenses (rent, food, utilities, transportation)? \$ _____
(Itemize your routine living expenses on a separate page)

14.) Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as child support payments, court-ordered fines or medical bills, etc.?
If so, describe: _____
(Itemize your other expenses on a separate page)

Please read and sign the following:

I understand the court requires verification of the information provided above. I agree to immediately report any change in my financial status to the court.

I certify under penalty of perjury under Washington State Law that all of the information I have submitted on this application and all supporting information and/or documentation is true, completed and correct. (Perjury is a criminal offense under Chapter 9A.72 RCW)

Signature Date

City State

FOR COURT USE ONLY- DETERMINATION OF INDIGENCY

___ Eligible for public defender

___ Eligible for a public defender but must contribute \$ _____

___ Not Eligible for a public defender at this time

___ Eligible for public defender upon verification of _____

Judge/Court Staff