

Chehalis Municipal Court
INDIGENCY SCREENING FORM
CONFIDENTIAL [Per RCW 10.101.020(3)]

Return this application to the court in person within five (5) business days for processing.

Name _____ Case No. (s) _____

Address _____

City _____ State _____ Zip _____ Phone _____

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

- | | |
|---|---|
| <input type="checkbox"/> Welfare
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> SSI (disability)
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Refugee Settlement Benefits
<input type="checkbox"/> (initial) I agree to allow court staff to access the Washington State Department of Social and Health Services Benefit Verification System (BVS) to verify I receive assistance. | <input type="checkbox"/> Poverty Related Veterans' Benefits
<input type="checkbox"/> Pregnant Women Assistance Benefits
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Aged, Blind or Disabled Assistance Program
<input type="checkbox"/> Other _____ |
|---|---|

I am legally required to support how many people besides myself? _____

Do you work or have a job? yes no. If so, take-home pay per month: \$ _____
 Occupation: _____ Employer's name & phone #: _____
 If not employed, are you actively seeking employment? yes no
 Date last employed _____

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 per month: \$ _____

Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? yes no Amount per Month: \$ _____

Other sources of income per month in my household Source: _____ \$ _____

My Assets

Cash on Hand	\$ _____
Checking account balance	\$ _____
Savings account balance	\$ _____
Auto #1 (Value less loan)	\$ _____
Auto #2 (Value less loan)	\$ _____
Home (value less mortgage)	\$ _____
Stocks, bonds, investments	\$ _____
Other:	\$ _____
Total:	\$ _____

Monthly Household Expenses

Rent/Mortgage	\$ _____
Food/Household supplies	\$ _____
Utilities	\$ _____
Transportation	\$ _____
Paid Ordered Child Support	\$ _____
Clothing	\$ _____
Insurance (car/medical)	\$ _____
Medical Expenses	\$ _____
Court Ordered fines	\$ _____
Other monthly expenses	\$ _____
Total:	\$ _____

*****I UNDERSTAND THE COURT MAY REQUIRE 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 the above is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)

Signature _____ Date _____

Interpreter _____

FOR COURT USE ONLY: Indigent Not Indigent Indigent but able to contribute DAPS County Parcel Search

 Judge/Designee's Signature