

**Office of Assigned Counsel
and Court Services**

311 Grand Avenue, Suite 304
Bellingham, Washington 98225
(360) 676-6803 Office
(360) 676-6693 Fax



Dear Applicant,

Please complete the enclosed Affidavit of Indigency and be sure to include a telephone number where you can be reached. We may need to verify information on this affidavit or ask for details on incomplete answers.

If you are not returning the Affidavit of Indigency in person, you must have the form notarized. A Notary Public will require you to prove your identity and require that you sign the attached notary public form in their presence.

Please note: We cannot determine indigence without an accurate and complete affidavit.

If you have questions or concerns regarding this process, please call us at (360) 676-6803.

Sincerely,

Assigned Counsel and Court Services Staff

Whatcom County Superior Court Office of Assigned Counsel and Court Services

APPLICATION FOR:

- Public Defender (Court Appointed Counsel)
- Guardian ad Litem (GAL)
- Filing/Fee Waiver

OFFICE USE ONLY – Case Info:		
Staff Initials	Approved	Denied
No Determination – Waiting :		

Notice to Applicant: *If this application is for a Public Defender the Court may order the repayment of attorney fees if you plead guilty or are found guilty after a trial.*

It is your responsibility to prove that you meet the eligibility requirements and cannot afford the service or fee above.

1.1 PERSONAL DATA

Name	Last Name	First Name	Middle Name
Address	Street		Mailing (if different)
	City	State	Zip
Phone	Home	Cell/Message	Work
Identification	Birth Date	Social Security Number	

1.2 HOUSEHOLD INCOME – PER MONTH

Household Size <i>(including yourself, spouse/partner, dependents)</i>		Number of dependents residing with you	
Spouse/Partner Name			
Your Employer		Net pay (after tax)	\$
Spouse/Partner Employer		Net pay (after tax)	\$
Other Employment (including odd jobs, under the table, self-employed, etc.)			

State Assistance: <i>(DSHS: Food Vouchers, WIC, TANF)</i>	Program(s)	Amount (s) per month
	_____	_____
	_____	_____
	_____	_____
Government Program(s): <i>(Unemployment, SSI, disability, Veteran's Administration)</i>	Program(s)	Amount(s) per month
	_____	_____
	_____	_____
	_____	_____
Other: <i>(child support, relatives, education, inheritance, rent from roommates)</i>	Source(s)	Amount(s) per month
	_____	_____
	_____	_____
	_____	_____

Total Household Income	\$
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1.3 FIXED LIVING EXPENSES – PER MONTH

Rent/Mortgage/My Share (Circle One)	\$
Electricity	\$
Heat: Oil/Gas/Wood	\$
Phone: Home/Cell (Circle One or Both)	\$
Water/Garbage/Sewer	\$

Transportation/Gas/Bus fare	\$
Vehicle Loan	\$
Vehicle Insurance	\$
Food, toiletries, household items	\$
Other:	\$

Debts: Line of Credit

Credit Card:	\$
Credit Card:	\$

Loan:	\$
Loan:	\$

Debts: Court Ordered (child support or fines and fees) or Medical Related (out of pocket expenses)

Type:	Ordered	\$	Payment	\$
Type:	Ordered	\$	Payment	\$

Total Monthly Expenses	\$
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1.4 HOUSEHOLD ASSETS

Bank Account (Name)	Type	Amount	\$
Bank Account (Name)	Type	Amount	\$
Other Account (Name)	Type	Amount	\$
Cash on hand		Amount	\$

Vehicle (Make/Model)	Value	\$	Owed	\$	Equity	\$
Vehicle (Make/Model)	Value	\$	Owed	\$	Equity	\$
Land/home/trailer	Value	\$	Owed	\$	Equity	\$
Boat/fishing gear/tools	Value	\$	Owed	\$	Equity	\$
Other	Value	\$	Owed	\$	Equity	\$
Other	Value	\$	Owed	\$	Equity	\$

Total Household Assets	\$
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Other considerations or comments:

Whatcom County is authorized to investigate my assets, liabilities, employment and income references. All persons, organizations, agencies, institutions and companies are authorized to release information to Whatcom County. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed _____ at Bellingham, Washington on _____ [date]

WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (RCW 42.44.100)

State of Washington

County of _____

} ss.

I certify that I know or have satisfactory evidence that _____
Name of Signer

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____
Month/Day/Year

Signature of Notarizing Officer

Title (Such as "Notary Public")

My appointment expires

Place Notary Seal Above

Month/Day/Year of Appointment Expiration

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint of Signer

Top of thumb here

[Empty box for thumbprint]