

# INDIGENT DEFENSE ATTORNEY APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_  
Number of children living with you: \_\_\_\_\_ Ages: \_\_\_\_\_  
Present employer: \_\_\_\_\_ How long employed: \_\_\_\_\_  
Address of employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

## BUDGET OF MONTHLY EXPENSES:

Rent/Mortgage Payment \$ \_\_\_\_\_  
Food Bill \$ \_\_\_\_\_  
Electric Bill \$ \_\_\_\_\_  
Water Bill \$ \_\_\_\_\_  
Gas/Oil Bill \$ \_\_\_\_\_  
Telephone Bill \$ \_\_\_\_\_  
Auto Expenses \$ \_\_\_\_\_  
Auto Payments \$ \_\_\_\_\_  
Medical Expenses \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
**TOTAL EXPENSES:** \$ \_\_\_\_\_

## TOTAL ASSETS:

Real Estate \$ \_\_\_\_\_  
Vehicle #1/Value \$ \_\_\_\_\_  
Vehicle #2/Value \$ \_\_\_\_\_  
Tax Refund \$ \_\_\_\_\_  
Back Pay \$ \_\_\_\_\_  
Savings Account \$ \_\_\_\_\_  
Credit Union \$ \_\_\_\_\_  
Securities \$ \_\_\_\_\_  
Cash on Hand \$ \_\_\_\_\_

**TOTAL ASSETS:** \$ \_\_\_\_\_

## MONTHLY INCOME

Defendant' Net Wages \$ \_\_\_\_\_  
Spouse's Net Wages \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Public Assistance \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
**TOTAL INCOME:** \$ \_\_\_\_\_  
**DISPOSABLE INCOME:** \$ \_\_\_\_\_

## SOUTH DISTRICT COURT

| DOCKET NUMBER | VIOLATION |
|---------------|-----------|
| _____         | _____     |
| _____         | _____     |
| _____         | _____     |
| _____         | _____     |

COURT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
PT \_\_\_\_\_  
UT \_\_\_\_\_

## STATE OF WASHINGTON - COUNTY OF SNOHOMISH

The undersigned, being first duly sworn on oath, deposes and says:

That he / she has read the financial statement and the same is true and correct; the undersigned makes this declaration under PENALTY OF PERJURY and requests that an attorney be appointed to represent him / her.

Applicant's Signature: \_\_\_\_\_

| Determination of Indigence      |                               |
|---------------------------------|-------------------------------|
| APPROVED: _____ REJECTED: _____ | A. Disposable Income \$ _____ |
| Administrative Services         | B. Assets \$ _____            |
| Director's Signature _____      | C. TOTAL \$ _____             |

## INDIGENT DEFENSE ATTORNEY APPLICATION

1. Pay stubs from the last three months
2. Your most recent bank statement
3. Your 2018- or 2019-income tax return
4. Any items that show you are receiving public assistance (i.e. EBT, TANF, or WIC) SSI/SSDI or Unemployment Compensation.

**Please mail or email your completed application, along with copies of the applicable above-referenced documents to:**

Law Office of John Rongerude  
19000 33<sup>rd</sup> Avenue West, Suite 100  
Lynnwood, Washington 98036  
[John@JohnRongerude.com](mailto:John@JohnRongerude.com)