

**FEDERAL WAY MUNICIPAL COURT  
33325 8<sup>th</sup> AVENUE SOUTH  
FEDERAL WAY, WA 98003-6325 (253) 835-3000**

**HOURS FOR SCREENING: TUESDAYS, 8:30 AM TO 11:30 AM**

**INSTRUCTIONS TO APPLY FOR PUBLIC DEFENDER**

**1. COME IN PERSON ON TUESDAY MORNINGS TO THE FEDERAL WAY MUNICIPAL COURT ON YOUR ARRAIGNMENT DATE OR AT LEAST TWO WEEKS BEFORE YOUR NEXT COURT DATE. SCREENING HOURS ARE BETWEEN 8:30 AM AND 11:30 AM ON TUESDAYS.**

**2. PAY A \$20 PROCESSING FEE (OR SIGN A PROMISSORY NOTE).**

**3. YOU MUST BRING PHOTOCOPIES OF THE FOLLOWING PAPERWORK WITH YOU. ANY ORIGINALS FILED WILL NOT BE RETURNED TO YOU.**

- Pay stubs showing income for the last 30 days
- Pay stubs for your spouse
- Proof of money you get from anyone living with you to help pay for basic living costs
- Income from interest, dividends or other earnings
- Award letter for Public Assistance, (AFDC), General Assistance, Food Stamps, Medicaid, poverty-related V.A. benefits, SSI, or other assistance
- Award letter for Unemployment, Social Security, Workers Compensation, pension and annuities (Don't include poverty-based income)
- Other income
- Stipend
- Rental Agreement or Mortgage Statement
- Utilities receipts
  - gas
  - water
  - electricity
  - garbage
  - sewer
- Car payments, car insurance statement
- Child support, day care
- Other household expenses
- Proof of any other unusual expenses paid in the past 30 days
- Handwritten statement from person you live with – if you are not contributing to the basic household expenses. This statement must include the address and telephone number of the person you are living with and their signature.
- Cash, savings, bank accounts (include joint accounts)
- Stocks, bonds, certificates of deposit
- Other real estate

**FAILURE TO ATTACH SUPPORTING DOCUMENTATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.**

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

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**HORAS PARA SOLICITAR ABOGADO: MARTES, 8:30 HASTA 11:30**

**INSTRUCCIONES PARA LA SOLICITUD DE ABOGADO DE OFICIO**

**1. PRESENTÉSE LOS MARTES POR LAS MAÑANA EN EL JUZGADO MUNICIPAL DE FEDERAL WAY EL DIA DE SU LECTURA DE CARGOS O POR LO MENOS DOS SEMANAS ANTES DE LA FECHA DE SU COMPARENCIA. LAS HORAS PARA SOLICITAR ABOGADO SON DE 8:30 A 13:30 TODOS LOS MARTES.**

**2. DEBE ABONAR \$20 EN EFECTIVO COMO GASTO ADMINISTRATIVO.**

**3. TIENE QUE PRESENTAR FOTOCOPIAS DE LOS SIGUIENTES DOCUMENTOS: NO SE DEVOLVERÁN LOS ORIGINALES.**

- Cheques de nómina mostrando sus ingresos en los ultimos 30 dias
- Cheques de nómina de su esposa
- Prueba del dinero que recibe de quien vive con usted y le ayude a pagar los gastos basicos
- Ingresos de interes, dividendos u otros ingresos
- Carta de Recompensa de asistencia publica (AFDC) ayuda en general , estampillas de alimentos, cupones medicos, beneficios para veteranos necesitados, beneficios del Seguro Social u otra ayuda economica que esté recibiendo
- Carta que pruebe el desempleo, Seguro Social, compensación para el trabajador, pensiones o rentas vitalicias (no incluya ingresos por pobreza)
- Otros Ingresos
- Estipendios
- Contrato de alquiler o declaración de Hipotecas
- Recibos de gastos
  - gas
  - agua
  - electricidad
  - basura
  - aguas residuales
- Pagos de automobiles. Aseguranza de automobiles
- Manutención de menores, gastos de guarderia
- Otros gastos del hogar
- Prueba de algún gastos extraordinario en los ultimos 30 dias
- Declaración por escrito de la persona con la que usted está viviendo si es que usted no contribuye a los gastos basicos de la vivienda. Esta declaración debe incluir la direccion y el número de teléfono de la persona con la que está usted viviendo, y debe estar firmada por la misma
- Dinero en efectivo, ahorros en el banco y cuenta corriente (Incluya las cuentas corrientes conjuntas)
- Acciones, bonos, certificados de inversiones
- Bienes raices

**SI USTED NO PRESENTA LA DOCUMENTACIÓN REQUERIDA, ESTO PODRIA RETRASAR LOS TRÁMITES DE SU SOLICITUD.**

**SI REUNE LOS REQUISITOS NECESARIOS, SE LA ASIGNARA UN ABOGADO PARA QUE LE REPRESENTE EN EL CASO QUE TIENE PENDIENTE EN ESTE JUZGADO SOLAMENTE.**

**FEDERAL WAY MUNICIPAL COURT  
CLIENT INTERVIEW AND ASSIGNMENT**

**I. Identification**

Applicant Name \_\_\_\_\_ Case # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Employed How Long? \_\_\_\_\_

If unemployed, how long have you been unemployed? \_\_\_\_\_ Have you applied for unemployment? Yes/No. Are you eligible for unemployment? Yes/No. See below for reporting monthly amount of unemployment.

**II. Support Obligations**

Total number of legal dependents (include applicant in count) \_\_\_\_\_ Do your dependents live with you? Yes/No. If juvenile defendant, do you live with your parents? Yes/No.

If yes, Father's name \_\_\_\_\_ Mother's name (include maiden) \_\_\_\_\_

**III. Presumptive Eligibility (check all that apply)**

a. Do you receive any of the following? ( ) AFDC ( ) General Assistance ( ) Food Stamps ( ) Medicaid ( ) Poverty-related V.A. Benefits ( ) SSI ( ) Refugee Resettlement Benefits ( ) Other, specify \_\_\_\_\_

Case Number \_\_\_\_\_ Verified? \_\_\_\_\_ Method \_\_\_\_\_

**IV. Monthly Income**

	Verified	Do not write In boxes
a. Monthly take-home pay (after deductions)	Y N	[ ]
b. Spouse's take-home pay (enter N/A if conflict)	Y N	[ ]
c. Contribution from any person domiciled with applicant and helping defray his/her basic living costs	Y N	[ ]
d. Interest, dividends, or other earnings	Y N	[ ]
e. Non-Poverty based assistance (Unemployment, Social security, Workers Compensation, pension, and annuities) (DON'T include poverty-based assistance.)	Y N	[ ]
f. Other income (specify) _____	Y N	[ ]
g. Stipend _____	Y N	[ ]
<b>Total Income</b>		[ ]

**V. Monthly Expenses (for applicant and dependents; average where applicable)**

	Verified	Do not write In boxes
a. Basic Living Costs-Shelter (rent, mortgage, board)	Y N	[ ]
b. Court imposed obligations (check) _____ fines _____ court costs _____ restitution _____ support _____ other _____	Y N	[ ]
c. Bail/bond paid or anticipated (this offense)	Y N	[ ]
d. Other expenses (specify) _____	Y N	[ ]
<b>Example: Attach receipts, Stubs, Etc.</b>		
<b>Total Expenses</b>		[ ]

**VI. Total Income Part V., minus Total Expenses Part VI.**

**Disposable Net Monthly Income**      \$ \_\_\_\_\_ [ ]

**VII. Liquid Assets**

a. Cash, savings, bank accounts (include joint accounts)	\$ _____	Y N	<input type="text"/>
b. Stocks, bonds, certificates of deposit	\$ _____	Y N	<input type="text"/>
c. Equity in real estate	\$ _____	Y N	<input type="text"/>
d. Equity in motor vehicle not required for employment, IF over \$3000 (list coverage minus \$3000)	\$ _____	Y N	<input type="text"/>
Make of car _____ Year _____			
Make of car _____ Year _____	\$ _____	Y N	<input type="text"/>
e. Equity in additional vehicles (list total value)	\$ _____	Y N	<input type="text"/>
f. Personal property (jewelry, boat, stereo, etc.)	\$ _____	Y N	<input type="text"/>
<b>Total Liquid Assets</b>		\$ _____	Y N <input type="text"/>

**VIII. Affidavit and Notification**

I, \_\_\_\_\_ (print name) do hereby certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct (RCW9A.72.085). By my signature below, I authorize the court to verify all information provided here. I further swear to immediately report any change in financial status to the court. I understand that if bail is imposed in this matter or if my financial condition changes I may request a re-determination.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Place \_\_\_\_\_  
(city, state)

**IX. Determination of Indigency**

**DO NOT WRITE BELOW THIS LINE**

a. Disposable Net Monthly Income	\$ _____
b. Total Liquid Assets	+ \$ _____
c. <b>Total Available Funds</b> (a plus b) =	\$ _____
d. Anticipated Cost of Counsel	\$ _____

\_\_\_\_\_ If c) is zero (0) or less, person is INDIGENT.  
\_\_\_\_\_ If c) is greater than d) person is NOT INDIGENT  
\_\_\_\_\_ If c) is greater than zero but less than d), person is INDIGENT AND ABLE TO CONTRIBUTE

**X. Finding:** \_\_\_\_\_ **Indigent** \_\_\_\_\_ **Not Indigent** \_\_\_\_\_ **Indigent and Able to Contribute**  
\_\_\_\_\_ **Denied** \_\_\_\_\_

Assigned to: \_\_\_\_\_ Assessment \$ \_\_\_\_\_

Court Representative \_\_\_\_\_ Date \_\_\_\_\_