

APPLICATION FOR ASSIGNMENT OF PUBLIC DEFENDER
RCW10.101.020

CITY OF LAKE FOREST PARK, Plaintiff

Vs

CASE NO. _____

_____ Defendant

CONFIDENTIAL

I am the Petitioner herein. I am financially unable to pay for legal representation without causing substantial hardship to myself or family. I declare under **penalty of perjury** that the following information is true and is intended to be relied upon by the Court in determining my eligibility for assignment of a public defender.

Acceptance of eligibility is contingent upon the furnishing of reliable and accurate financial data including a copy of your last filed income tax return, four (4) months of pay check stubs or verification from your employer of wages, or proof of welfare or SSI if requested.

GENERAL INFORMATION

Name _____ **Complete Address** _____
Telephone _____ SS# _____ DOB _____
Marital status ___ Resides with _____ Dependents ___
Are you currently enrolled in school? Where _____
Name/Address of employer _____
Occupation _____ Length of employment _____
Name of spouse's/significant other's employer _____
Spouse's/Significant other's net monthly income _____

INCOME AND ASSETS

Personal net monthly income _____
Unemployment, welfare, pension _____
Food stamps, other assistance _____
Income from any other source _____
Cash value of home less mortgage(s) owed _____
Cash value of auto less loan amount owed _____
Approximate value of stocks, bonds, etc. _____
List value of any real property owned _____
Other assets _____

EXPENSES AND DEBTS

Rent or mortgage _____
Child support _____
Household expenses, utilities, food, etc. _____
Transportation expenses, car, gas, etc. _____
Medical/dental expenses _____
Insurance _____
Total monthly credit card payments _____
Payments made to other courts _____
Specify other monthly debt payments _____

I certify under penalty of perjury under the laws of the State of Washington that I have read the foregoing statements in the application, know the contents thereof, and believe them to be true and correct.

Dated _____, Defendant _____

It is hereby ordered that:

- The petitioner has been approved for public defender representation (**SEE REVERSE**).
- The petitioner is denied.

Dated _____, Processed by _____

IF YOU HAVE BEEN APPROVED FOR ASSIGNMENT OF THE PUBLIC DEFENER, PLEASE CONTACT: THE SCHLOTZHAUER LAW FIRM, 1001 4th Avenue, Suite 3200, Seattle, WA, 98154, 206-624-2500, SPEAK TO JIM SCHLOTZHAUER TO SCHEDULE AN APPOINTMENT. A COPY OF YOUR CASE WILL BE FORWARDED.

Recoupment of public defender fees are based on a sliding scale, depending on the level of indigency, with the exception of DUI cases.

- Unable to pay the anticipated cost of counsel
 Indigent and able to contribute (\$_____)
SEE SLIDING SCALE

The Court may order recoupment upon a change in financial status or in it's discretion.

SLIDING SCALE		
<small>(Total net monthly income)</small>		
TO	FROM	RECOUPMENT
\$0	\$1000	\$100
\$1000	\$1500	\$150
\$1600	\$1800	\$200
\$1900	\$2200	\$250
\$2300	\$2500+	\$300+

DUI *MINIMUM* RECOUPMENT - \$350

I AGREE TO PAY \$ _____ PER MONTH, BEGINNING _____ FOR PUBLIC DEFENSE REPRESENTATION. THIS IS IN ADDITION TO ANY OTHER FINES/FEES/ASSESSMENTS THAT MAY BE IMPOSED AT MY SENTENCING OR DISPOSITION OF MY CASE. IF I AM CONVICTED OR PLEAD GUILTY, I UNDERSTAND THAT ANY UNPAID PORTION OR BALANCE OF THE PUBLIC DEFENDER FEE MAY BE INCLUDED AS PART OF COURT COSTS. FAILURE TO PAY COULD RESULT IN A BENCH WARRANT FOR MY ARREST, REFERRAL OF MY CASE TO A COLLECTION AGENCY, AND/OR ADDITIONAL PENALTIES.

DEFENDANT _____ DATE _____