

WAC 392-101-015 Determination of indigency—Provision of free transcript. A determination of indigency shall be made for all persons wishing the provision of a free transcript of proceedings pursuant to the following standards:

(1) Any person(s) receiving one or more of the following type of public assistance: Aid to families with dependent children, general assistance, poverty related veterans' benefits, food stamps, refugee resettlement benefits, medicaid, or supplementary security income.

(2) Any person(s) receiving an annual income, after taxes, of one hundred twenty-five percent or less of the current federally established poverty level.



ADMINISTRATIVE SERVICES
 Legal Services
 Old Capitol Building, FO-11
 Olympia, WA 98504-3211

DETERMINATION OF INDIGENCY

I. APPLICANT INFORMATION

APPLICANT'S NAME	CASE NUMBER
ADDRESS	TELEPHONE NUMBER ()
CITY/STATE/ZIP	SOCIAL SECURITY NUMBER (optional) DATE OF BIRTH
EMPLOYER	OCCUPATION
EMPLOYER ADDRESS	
CITY/STATE/ZIP	
STUDENT'S NAME	

II. SUPPORT OBLIGATIONS

FATHER'S NAME	Total Number of Dependents (include applicant in count) _____
MOTHER'S NAME	MOTHER'S MAIDEN NAME

III. PRESUMPTIVE ELIGIBILITY

YES NO A. Does applicant receive public assistance. If "yes" then in what form:

<input type="checkbox"/> AFDC ¹	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Refugee Resettlement Benefits
<input type="checkbox"/> SSI ²	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Poverty-Related V.A. Benefits ³	<input type="checkbox"/> Other; specify _____

YES NO B. Is the annual income of applicant (after taxes), 125% or less of the current federally established poverty level?
 Specify income amount after taxes \$ _____.

If Section III, A or B applies (please provide documentation) and complete Section IX only. If Section III is not applicable, complete all remaining sections.

- 1 Aid to Families with Dependent Children
- 2 Supplemental Security Income
- 3 Veteran's Administration

IV. MONTHLY INCOME

a. Monthly take-home pay (after deductions)	\$
b. Spouse's take-home pay (enter N/A if conflict)	\$
c. Contribution from any person domiciled with applicant and helping to defray his/her basic living costs	\$
d. Interest, dividends, or other earnings	\$
e. Non-poverty based assistance (Unemployment, Social Security, Worker's Compensation, pension, annuities) (do not include poverty-based assistance. See IV a.)	\$
f. Other income (specify)	\$
TOTAL INCOME	\$

V. MONTHLY EXPENSES (for applicant and dependents; average where applicable)

a. Basic living costs -	\$
Shelter (rent, mortgage, board)	\$
Utilities (heat, electricity, water); enter 0 if included in cost of shelter	\$
Food	\$
Clothing	\$
Health Care	\$
Transportation	\$
Loan Payments (specify) _____	\$
b. Court imposed obligations (check) _____ Fines _____ Court Costs _____ Restitution _____ Support _____ Other _____	\$
c. Other expenses (specify)	\$
TOTAL EXPENSES	\$

VI. TOTAL INCOME PART IV, MINUS TOTAL EXPENSES PART V
 Disposable Net Monthly Income \$

VII. LIQUID ASSETS

a. Cash, savings, bank accounts (include joint accounts)	\$
b. Stocks, bonds, certificates of deposit	\$
c. Equity in real estate	\$
d. Equity in motor vehicle required for employment, IF over \$3,000 (list average: value minus \$3,000) Make of car: _____ Year: _____	\$
e. Equity in additional vehicles (list total value)	\$
f. Personal property (jewelry, boat, stereo, etc.)	\$
TOTAL LIQUID ASSETS	\$

VIII. DETERMINATION OF INDIGENCY

a. Disposable Net Monthly Income (from Section VI.)	\$	
b. Total Liquid Assets (from Section VII.)	+	\$
c. TOTAL AVAILABLE FUNDS (a. plus b.)	=	\$

If (c) is zero (0) or less, applicant is INDIGENT. If (c) is greater than (d), party is NOT INDIGENT.

ASSESSMENT AMOUNT \$

IX. 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. By my signature below, I authorize the Superintendent of Public Instruction to verify all information provided here. I further swear to immediately report any change in financial status to the Superintendent of Public Instruction.

_____/_____/_____ /
 SIGNATURE DATE PLACE

RETURN TO: Legal Services
 Office of Superintendent of Public Instruction
 Old Capitol Building, FG-11
 Olympia, WA 98504-3211

OSPI USE ONLY	
<input type="checkbox"/> Indigent	_____
<input type="checkbox"/> Not Indigent	Signature
_____	_____
Date	Title

[Statutory Authority: RCW 34.04.020 [34.05.220]. WSR 91-02-095 (Order 49), § 392-101-015, filed 1/2/91, effective 2/2/91.]