

Airway Heights Municipal Court  
13120 W 13<sup>th</sup> Ave  
Airway Heights, WA 99001  
(509) 244-2773 / 244-1852

### **Guidelines for Applying for a Public Defender**

- 1.) You must apply in person. We will accept faxes if you live outside of Spokane County.**
- 2.) You must provide income verification, Medical Coupon, Quest Food Stamp Card, Pay Stubs.**
- 3.) You must bring something with your current address on it.**
- 4.) You need to apply at least one week before your scheduled court date.**
- 5.) If you apply on a Thursday, you will not be appointed until your next scheduled court date.**

**You must fill out the application, and bring in verification of your income and address. You will not be appointed without these things. There is a \$5.00 Public Defender application fee.**

If you are appointed a public defender it is **your responsibility** to contact them and keep in good contact with them. You must notify the court and your Public Defender of any address changes as well as phone contact information.

If any Public Defender recoupment fees are assessed by the Judge they will be added in at the end of your case. You will not be required to pay them up front. However, if your case goes to warrant you could be required to pay a \$50.00 bench warrant recall fee.

**No one will be appointed a Public Defender on court day**, which is Thursday. You will need to ask for a continuance to see if you qualify for a Public Defender.

**CONFIDENTIAL**

Airway Heights Municipal Court Application for Public Defender

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Case No: (s) \_\_\_\_\_ Charge \_\_\_\_\_ Case No: \_\_\_\_\_ Charge: \_\_\_\_\_

Including yourself how many people live with you \_\_\_\_\_

**Monthly Income:**

- |  |                 |
|--|-----------------|
| 1.) Total Monthly Gross Income, Unemployment, TANF, SSI etc..... | \$ _____        |
| 2.) Spouse's Income  | \$ _____        |
| 3.) Food Stamps  | \$ _____        |
| 4.) Other Income   | \$ _____        |
| <b>Total Monthly Income</b>                                      | <b>\$ _____</b> |

**If you have no income explain how you are supporting yourself:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monthly Expenses:**

- |   |          |
|---|----------|
| 1.) Rent, Land or House Payment               | \$ _____ |
| 2.) Utilities (heat, electricity, water, etc) | \$ _____ |
| 3.) Food (total per month)                    | \$ _____ |
| 4.) Court Payments, Fines                     | \$ _____ |
| 5.) Miscellaneous Costs                       | \$ _____ |

**Certify Under Penalty of Perjury**

I have answered completely and truthfully. I understand that if I provide false or misleading information, or fail to disclose requested assets, I can be subject to criminal prosecution. I do hereby declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. By my signature below, I authorize the court to verify all information provided and to conduct an independent check with all the information provided to the court. I 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. **I have read or had this statement read to me and understand and agree to the conditions herein.**

Signature: \_\_\_\_\_

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