



**5.** I request that an attorney be appointed to represent me in this proceeding.

(Check if applicable)  I have been previously represented by the following attorney(s) or law firm(s) in a child custody action regarding one or more of my children: \_\_\_\_\_

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**6.** I am indigent as defined in RCW 10.101.010 based on the information provided in my Financial Information Attachment.

## FINANCIAL INFORMATION ATTACHMENT

Full Name _____
Mailing Address _____
Phone number _____ Alternate Phone number _____
Email Address: _____
Are you married? _____
How many children do you have under the age of 18? _____ How many live with you? _____
Do you have a job?: _____ If Yes, how long have you worked there _____ If No, how long have you been unemployed _____
<b>Do you receive:</b> ___ <b>Welfare</b> ___ <b>SSI</b> ___ <b>Food Stamps</b> ___ <b>Medicaid</b> ___ <b>Other Public Assistance (Please Describe)</b> _____

<u><b>INCOME and ASSETS</b></u>		<u><b>DEBTS and EXPENSES</b></u>	
Your monthly take home pay (After taxes)	\$ _____	Rent / Mortgage Payment	\$ _____
Spouse take home pay (After taxes)	\$ _____	Child Support You Pay	\$ _____
Contribution by anyone living with you	\$ _____	Food for ___ people	\$ _____
Social Security/ Unemployment/Workers Comp	\$ _____	Electricity:	\$ _____
Money received from other sources	\$ _____	Cable:	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	Phone:	\$ _____
Do you own a home? (yes/no)		Water/Sewer/Garbage:	\$ _____
		<u>Total Utilities</u>	\$ _____

If so, Value:	\$ _____	Bus (monthly):	\$ _____
Amount owed	\$ _____	Uber/Lyft/Taxi:	\$ _____
Value of any vehicle(s) you or your spouse own	\$ _____	Car payment:	\$ _____
Checking account balance:	\$ _____	Insurance:	\$ _____
Savings account balance:	\$ _____	<u>Total Transportation:</u>	\$ _____
Any other assets or financial resources (Please explain) _____	\$ _____	Medical Expenses	\$ _____
Any other cash on hand	\$ _____	Childcare Expenses	\$ _____
Stocks/bonds, retirement accounts	\$ _____	Court Fines	\$ _____
Trust funds, inheritance / settlements	\$ _____	Other Expenses Not Listed (Please explain) _____ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	Loan Payments	\$ _____
<b>TOTAL INCOME and ASSETS</b>	\$ _____	<b>TOTAL DEBTS/ EXPENSES</b>	\$ _____

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form and the attached Financial Information are true.

Signed at (city and state): \_\_\_\_\_ Date: \_\_\_\_\_

▶ \_\_\_\_\_  
Person making this request signs here

\_\_\_\_\_ \_\_\_\_\_  
Print name here