

**Instructions for Clerk's Fee Waiver
ECR Online, Ex Parte Presentation and/or Ex Parte Expedited**

If you believe that you are unable to afford paying Clerk's fee(s) in your court case, you may request a waiver. In determining whether a fee waiver request is approved, the Clerk will consider your ability to pay based on the submission of a completed and signed Affidavit in Support of Fee Waiver Request.

To complete the Affidavit:

1. Write in the parties names (Plaintiff/Petitioner vs Defendant/Respondent)
2. Add the Case Number
3. Below the case number, check one or more of the types of fee waiver you are requesting
4. Clearly print your name on the line provided
5. Check the box that best supports your eligibility for requesting a fee waiver (See below). Attach your supporting document as required.
6. Sign and date the document.

Fee Waiver Eligibility Verification Requirements:

Benefit Award Letter: You are currently receiving assistance under a needs-based, means-tested assistance program such as the following:

- Federal Temporary Assistance for Needy Families (TANF)
- State-provided general assistance for unemployable individuals (GA-U or GA-X)
- Federal Supplemental Security Income (SSI)
- Federal poverty-related veteran's benefits
- Food Stamp Program (FSP)

Financial Declaration Form: Your family income is less than 125% of the Federal Poverty Standard (see below).

| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 or more |
|-------------------------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| Maximum Monthly Income* | \$ 1,265 | \$ 1,715 | \$ 2,165 | \$ 2,615 | \$ 3,065 | \$ 3,515 | \$ 3,965 | \$ 4,415 | Add \$450 for each additional person |
| Maximum Annual Income* | \$15,175 | \$20,575 | \$25,975 | \$31,375 | \$36,775 | \$42,175 | \$47,575 | \$52,975 | Add \$5,400 for each additional person |

* "Income" means net income received, after taxes and child care costs are deducted.

Court Order Waiving Fees: You have a court order waiving filing fees and surcharges in this case which is valid until the case is close or in family law cases until the current cause of action is resolved.

Return Completed Waiver Request:

In-person to the Clerk's Office Cashiers 9:00 am – 4:30 pm (limited service between 12:15 – 1:15 pm) (address below)

By mail to:

Regional Justice Center
Attn: Clerks Office
401 Fourth Avenue North Room C2
Kent, WA 98032-4429

King County Superior Court
Attn: Clerks Office
516 Third Avenue Room E609
Seattle, WA 98104-2386

If you are unable to come in person or mail your fee waiver request and supporting documentation, please call 206-477-0815 for assistance.

Superior Court of Washington for King County

Plaintiff/Petitioner

Vs.

Defendant/Respondent

Case No. _____

Affidavit in Support of

- ECR Online
- Ex Parte Presentation
- Ex Parte Expedited Presentation

Fee Waiver Request

I, _____ (name), declare under penalty of perjury that:

- I have attached a copy of my valid benefits award letter from a Washington State Agency, or from any United States governmental agency; OR
- I have attached a true, accurate and complete Financial Declaration; OR
- I have received an Order from the Court waiving my filing fees and surcharges in the above-mentioned case.

Signed this _____ day of _____, 20____.

Signature of Requester

Mailing address: _____

Phone: _____ eMail: _____

For DJA staff use only

Affiant's identity verified by: _____

Fee Waiver Request approved on _____

OR

Fee Waiver Request denied on _____

For the following reason:

| | |
|---|---|
| 1. My name is: | |
| 2. My spouse/partner/room-mate's name is: | |
| 3. Self | 3. Spouse/partner/room-mate |
| Employer Name: | Employer Name: |
| Employer Address: | Employer Address: |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Gross pay/month: \$ | Gross pay/month: \$ |
| Number of hours worked per week: | Number of hours worked per week: |
| If unemployed, date of last employment: | If unemployed, date of last employment: |
| 4. My Other Income Per Month | 4. Spouse/partner/room-mate Other Income |
| Public Assistance \$ | Public Assistance \$ |
| Unemployment Compensation \$ | Unemployment Compensation \$ |
| Industrial Insurance (L&I) \$ | Industrial Insurance (L&I) \$ |
| Child Support Received \$ | Child Support Received \$ |
| Gifts \$ | Gifts \$ |
| Social Security \$ | Social Security \$ |
| Investment Income \$ | Investment Income \$ |
| Legal Settlements \$ | Legal Settlements \$ |
| Other Monthly Receipts \$ | Other Monthly Receipts \$ |
| 5. The Following People Live With Me | |
| List name, age and relationship of ALL persons living in your household | |
| | |
| | |
| | |
| 6. My Asset and Equity Values are: | |
| Home: \$ | Cash: \$ |
| Checking Account: \$ | Retirement: \$ |
| Savings Account(s): \$ | Other (list):\$ |
| Auto(s) + make/yr: \$ | |
| | Total \$ |

Reviewed by: _____

Date: _____