

**KING COUNTY DISTRICT COURT
STATE OF WASHINGTON**

| | |
|---|---|
| <p>_____, Plaintiff(s)/Petitioner(s),</p> <p style="text-align: center;">v.</p> <p>_____, Defendant(s)/Respondent(s).</p> | <p>No. _____</p> <p>MOTION AND DECLARATION FOR WAIVER OF CIVIL FEES AND SURCHARGES</p> <p>(CLERK’S ACTION REQUIRED)</p> |
|---|---|

I. Motion

1.1 I am the plaintiff/petitioner defendant/respondent in this action.

1.2 I am asking for a waiver of fees and surcharges under GR 34 to file _____.

II. Basis for Motion

2.1. GR 34 allows the court to waive “fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief” for a person who is indigent. As outlined below, I am indigent.

Dated: _____

Signature of Requesting Party

Print or Type Name

III. Declaration

I declare that,

3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. **Please see the attached Financial Statement (Attachment)**, which I incorporate as part of this declaration.

3.2 In addition to the information in the financial statement I would like the court to consider the following:

_____.

(Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, _____ on _____.
(city/county) (state) (date)

Signature of Party

Print or Type Name

CONFIDENTIAL

Financial Statement

Case Name: _____ Case Number: _____

Financial Statement for Waiver of Civil Fees and Surcharges

1. My name is:

2. I provide support to people who live with me: How many? _____ Age(s): _____

3. My Monthly Income:

Employed Unemployed

Employer's Name:

Gross pay per month (salary or hourly pay): \$ _____

Take home pay per month: \$ _____

4. Other Sources of Income Per Month in my Household:

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Sub-Total: \$ _____

I receive food stamps.

Total Income, lines 3 (take home pay) and 4: \$ _____

6. My Monthly Household Expenses:

Rent/Mortgage: \$ _____

Food/Household Supplies: \$ _____

Utilities: \$ _____

Transportation: \$ _____

Ordered Maintenance actually paid: \$ _____

Ordered Child Support actually paid: \$ _____

Clothing: \$ _____

Child Care: \$ _____

Education Expenses: \$ _____

Insurance (car, health): \$ _____

Medical Expenses: \$ _____

Sub-Total: \$ _____

5. My Household Assets:

Cash on hand: \$ _____

Checking Account Balance: \$ _____

Savings Account Balance: \$ _____

Auto #1 (Value less loan): \$ _____

Auto #2 (Value less loan): \$ _____

Home (Value less mortgage): \$ _____

Other: \$ _____

Other: \$ _____

Other: \$ _____

Other: \$ _____

Other: \$ _____

Total Household Assets: \$ _____

7. My Other Monthly Household Expenses:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-Total: \$ _____

8. My Other Debts with Monthly Payments:

_____ \$ _____ /mo

_____ \$ _____ /mo

_____ \$ _____ /mo

_____ \$ _____ /mo

Sub-Total: \$ _____

Total Household Expenses and Debts, lines 6, 7, and 8: \$ _____

Date: _____

Signature: _____