

State of Washington
Snohomish County District Court
 Cascade Everett Evergreen South

Petitioner (Protected Person),

vs.

Respondent (Restrained Person).

No. _____

**Motion, Declaration and Order
Regarding Filing Fees and
Surcharges – Protection Order**

Clerk's Action Required (4)

1. Motion

I am asking the Court not to require a filing fee or surcharges in this case.

2. Declaration

Type of Order: I am the Petitioner. I am requesting the following type of protection order:

- Domestic Violence Protection Order.
- Sexual Assault Protection Order.
- Stalking Protection Order.
- Antiharassment Protection Order.

The harassment includes (*check all that apply, if any*):

- an allegation involving a single act of violence
- a single threat of violence that is a hate crime based on perception of race, color, religion, ancestry national origin, gender, sexual orientation, gender expression or identity, or mental, physical or sensory disability
- a single threat of violence involving a firearm or weapon

Financial Hardship:

I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges. I understand that I must file a Financial Statement with this motion.

In addition to the Financial Statement, I would like the court to consider the following:

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

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

Petitioner's Signature: _____

3. Judge's Findings and Order *(To be completed by the Judge)*

Fees Prohibited. RCW 7.105 prohibits the imposition of filing fees and surcharges. The Petition alleges domestic violence, sexual assault, stalking, an allegation involving a single act of violence, a single threat of violence that is a hate crime, or a single threat of violence involving a firearm.

Fees Waived. Fees and surcharges shall be waived because the petitioner is indigent

Fees Required. Filing fees and surcharges must be paid prior to a hearing on the merits. The petition does not allege domestic violence, sexual assault, or stalking, nor does it allege harassment that includes a single act of violence, a single threat of violence that is a hate crime, or a single threat of violence involving a firearm. Additionally, Petitioner is not indigent.

Other: _____

Ordered.

Dated: _____

Judicial Officer

Name: _____ Case Number: _____

Financial Declaration			
1. Including you, how many people live in your household?			
2. <input type="checkbox"/> I provide support to people who live with me: How many?		Age(s):	
3. Education: Highest grade completed or degree achieved:			
3. My Income:		7. My Monthly Household Expenses:	
<input type="checkbox"/> Unemployed Late date worked: Why not working:		Rent/Mortgage:	\$
<input type="checkbox"/> Employed How long? Employer Name: Monthly income:		Food/Household Supplies:	\$
		Utilities:	\$
		Transportation:	\$
		Ordered Maintenance actually paid:	\$
		Ordered Child Support actually paid:	\$
4. Other Sources of Household Income Per Month		Clothing	\$
Source	\$	Child Care:	\$
Source	\$	Education Expenses:	\$
Source	\$	Insurance (car, health):	\$
5. Total Income (Section 3 & 4)		Medical Expenses:	\$
6. My Household Assets		Other:	\$
Cash on hand	\$	Other:	\$
Checking Account Balance	\$	Total Monthly Expenses	\$
Savings Account Balance:	\$	8. My Other Debts with Monthly Payments	
Auto #1 (Value less loan):	\$		\$
Auto #2 (Value less loan):	\$		\$
Home (Value less mortgage):	\$		\$
Other:	\$	Total Other Debts	\$
Total Household Assets	\$	Total Monthly Expenses	\$
9. I Receive the Following Needs Based Benefits:			
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/> State assistance as unemployable (GA-U or GA-X)	
<input type="checkbox"/> Federal Supplemental Security Income (SSI)		<input type="checkbox"/> Federal poverty-related veteran's benefits	
<input type="checkbox"/> Food Stamp Program (FSP)		<input type="checkbox"/> Aged, blind, or disabled assistance benefits	
<input type="checkbox"/> Medicaid / Medical services		<input type="checkbox"/> Pregnant women assistance benefits	
<input type="checkbox"/> Refugee resettlement benefits		<input type="checkbox"/> Other:	
I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.			
Dated _____		Signed at _____	
		City State	
Printed Name _____		Signature _____	