

| | |
|----------------------------------|-----------------------|
| SNOHOMISH COUNTY DISTRICT | |
| COURT OF WASHINGTON – | DIVISION |
| _____ | |
| | Petitioner/Plaintiff, |
| | vs. |
| _____ | |
| | Respondent/Defendant. |

No. _____

Motion and Declaration For Waiver of Civil Fees and Surcharges (MTAF)

I. Motion

- 1.1 I am the petitioner/plaintiff respondent/defendant in this action.
- 1.2 I am asking for a waiver of fees and surcharges under GR 34.

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

Signature

Print or Type Name

Name: _____ Case Number(s): _____

| Financial Declaration | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------|-----------------|
| 1. Household: Including me, the following number of people live in my home: | | | |
| <input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____ | | | |
| 2. Education: Highest grade I completed or degree I achieved: _____ | | | |
| 3. My Income | | 7. My Monthly Household Expenses: | |
| <input type="checkbox"/> Unemployed Last date worked: _____ Reason(s) not working: _____ | | Rent/Mortgage: _____ | \$ _____ |
| <input type="checkbox"/> Employed How long? _____ Employer Name: _____ Monthly income after taxes: _____ | | 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 and 4) | | Medical Expenses: _____ | \$ _____ |
| 6. 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 | \$ _____ |
| 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; or | |
| <input type="checkbox"/> Food Stamp Program (FSP) | | <input type="checkbox"/> Aged, blind, or disabled assistance benefits, | |
| <input type="checkbox"/> Medicaid / Medical services under RCW 74.09.035 | | <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. I understand that the Court may require me to provide documentation proving the above assertions. | | | |
| Dated _____ | | Signed at _____ | |
| | | City | State |
| Declarant's Printed Name _____ | | Signature _____ | |