

SNOHOMISH COUNTY DISTRICT COURT APPLICATION FOR REDUCTION IN FEES FOR PUBLIC RECORDS REQUESTS

What is the Reduced Fee Program?

Reduced fees for public records requests are provided to eligible persons based on the requestor's ability to pay. Ability to pay is determined by the household size and monthly income relative to a discount schedule based on the most recently available federal poverty income guidelines.

How to Apply?

Requestors applying for reduced fees must provide a true and correct affidavit of monthly income and family size. Complete and email the attached Financial Declaration to Snohomish County District Court's Public Records Department: SDC-PubDisclosure@snoco.org.

When to Apply?

Applications for the Reduced Fee Program must be completed and submitted to Snohomish County District Court within 5 days of the initial records request. If the completed application is not provided within this time, the application for reduced fees will not be considered and requestor will be responsible for full payment of fees. No records will be provided until after determination of eligibility is made and all applicable fees, if any, are paid in full.

What Happens Next?

Determination of eligibility will be made by Snohomish County District Court's Public Records Officer (PRO) or Public Disclosure Administrative Specialist (PDAS) within 10 days of receipt and will be final. No records will be provided until after determination of eligibility is made and all applicable fees are paid in full.

Additional Questions?

If you have any other questions about the Reduced Fee Program for Public Records Requests, please contact Snohomish County District Court's Public Disclosure Department:

SDC-PubDisclosure@snoco.org

(425) 262-2405 office

Financial Declaration

1. Household: Including me, the following number of people live in my home:

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

Unemployed Last date worked: _____
Reason(s) not working: _____

Employed How long? _____
Employer Name: _____

Monthly income after taxes: \$ _____

7. My Monthly Household Expenses:

Rent/Mortgage: \$ _____

Food/Household Supplies: \$ _____

Utilities: \$ _____

Transportation: \$ _____

Ordered Maintenance actually paid: \$ _____

Ordered Child Support actually paid: \$ _____

4. Other Sources of Household Income Per Month

Source \$ _____

Source \$ _____

Source \$ _____

5. Total Income (Section 3 and 4) \$ _____

Clothing \$ _____

Child Care: \$ _____

Education Expenses: \$ _____

Insurance (car, health): \$ _____

Medical Expenses: \$ _____

Other: \$ _____

Other: \$ _____

Total Monthly Expenses \$ _____

6. 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: \$ _____

Total Household Assets \$ _____

8. My Other Debts with Monthly Payments

\$ _____

\$ _____

\$ _____

Total Other Debts \$ _____

Total Monthly Expenses \$ _____

I Receive the Following Needs Based Benefits:

- Temporary Assistance for Needy Families (TANF)
- Federal Supplemental Security Income (SSI)
- Food Stamp Program (FSP)
- Medicaid / Medical services under RCW 74.09.035
- Refugee resettlement benefits

- State assistance as unemployable (GA-U or GA-X);
- Federal poverty-related veteran's benefits; or
- Aged, blind, or disabled assistance benefits,
- Pregnant women assistance benefits,
- 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 _____