

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

**\*\*UNDER PENALTY OF PERJURY ALL INFORMATION PROVIDED IS SUBJECT TO VERIFICATION.  
PLEASE REPORT ALL OF YOUR INCOME ACCURATELY AND FULLY.\*\***

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Dom Partner \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Number of dependent children \_\_\_\_\_ Age of Children \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Live with You \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Phone number \_\_\_\_\_ Work phone \_\_\_\_\_ Message phone \_\_\_\_\_

Employed: \_\_\_\_\_ Yes or \_\_\_\_\_ No How long unemployed \_\_\_\_\_

Present Employer: \_\_\_\_\_ How long employed \_\_\_\_\_

Address of employer \_\_\_\_\_ Previous employer: \_\_\_\_\_

Spouse/Partner Employer \_\_\_\_\_ How long employed \_\_\_\_\_

**MONTHLY INCOME**

**MONTHLY AMOUNT**

Total monthly income from wages \$ \_\_\_\_\_

Under the table pay (Cash jobs) \$ \_\_\_\_\_

Spouse or Partner Total monthly income from wages \$ \_\_\_\_\_

Child support received \$ \_\_\_\_\_

Contribution by anyone living with you \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

Veteran's Benefits \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Public Assistance (DSHS) \$ \_\_\_\_\_

Labor and Industry \$ \_\_\_\_\_

Unemployment Benefits \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Other (Interest Income, Dividends) \$ \_\_\_\_\_

Child support **you pay** \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

Comments: \_\_\_\_\_

**I DO HERBY CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE SNOHOMISH COUNTY DISTRICT COURT TO VERIFY ALL INFORMATION PROVIDED WITHIN. I ALSO GIVE PERMISSION TO DISTRICT COURT TO RELEASE ANY BIOGRAPHICAL INFORMATION PROVIDED WITHIN THIS FORM. I FURTHER SWEAR TO IMMEDIATELY REPORT ANY CHANGE IN FINANCIAL STATUS TO THE COURT.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS PAGE FOR OFFICE USE ONLY**

- \_\_\_\_\_ **at or below 100% of Federal Poverty Guidelines**
- \_\_\_\_\_ **at or below 200% of Federal Poverty Guidelines**
- \_\_\_\_\_ **above 200% of Federal Poverty Guidelines**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_