

Court of Washington
For King County (Example)

Bo Shang,
Petitioner/Plaintiff,
vs.

John Doe,
Respondent/Defendant. No. 23-2-12345-1 SEA

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

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: February 13 _____

Signature of Requesting Party

Bo Shang

Print or Type Name: Bo Shang

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:

- I currently receive Medicaid benefits in Massachusetts.

35 - My monthly income is limited and is supplemented by state assistance. 35
36 - I have no significant assets to cover the legal fees. 36
37 - I am unable to pay any additional surcharges without hardship. 37
38 38
39 [] (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope 39
40 with the motion so that I can receive a copy of the order once it is signed. 40
41 41
42 I declare under penalty of perjury under the laws of the state of Washington that the foregoing 42
43 is true and correct. 43
44 44
45 Signed at (city) Boston, (state) MA on (date) February 13, 2025. 45
46 Bo Shang 46
47 _____ 47
48 Signature: Bo Shang 48
49 Print or Type Name: Bo Shang 49
50 50
51 51
52 ----- 52
53 Case Name: Bo Shang v. John Doe 53
54 Case Number: 23-2-12345-1 SEA 54
55 55
56 Financial Statement (Attachment) 56
57 57
58 1. My name is: Bo Shang 58
59 2. [X] I provide support to people who live with me. How many? 2 59
60 Age(s): 5, 8 60
61 61
62 3. My Monthly Income: 62
63 Employed [] Unemployed [X] 63
64 Employer's Name: None 64
65 Gross pay per month (salary or hourly pay): \$0 65
66 Take home pay per month: \$0 66
67 67
68 4. Other Sources of Income Per Month in my Household: 68

69	Source: Massachusetts Medicaid \$150	69
70	Source: State Assistance (SNAP) \$200	70
71	Source: Housing Subsidy \$400	71
72	Source: \$0	72
73	Sub-Total: \$750	73
74	[X] I receive food stamps.	74
75	Total Income (lines 3 take-home + 4): \$750	75
76		76
77	5. My Household Assets:	77
78	Cash on hand: \$20	78
79	Checking Account Balance: \$50	79
80	Savings Account Balance: \$0	80
81	Auto #1 (Value less loan): \$0 (No vehicle)	81
82	Auto #2 (Value less loan): \$0	82
83	Home (Value less mortgage): \$0 (No real property)	83
84	Other: \$0	84
85	Other: \$0	85
86	Other: \$0	86
87	Total Household Assets: \$70	87
88		88
89	6. My Monthly Household Expenses:	89
90	Rent/Mortgage: \$600	90
91	Food/Household Supplies: \$300	91
92	Utilities: \$100	92
93	Transportation: \$60	93
94	Ordered Maintenance actually paid: \$0	94
95	Ordered Child Support actually paid: \$0	95
96	Clothing: \$40	96
97	Child Care: \$0	97
98	Education Expenses: \$0	98
99	Insurance (car, health): \$0 (Medicaid coverage, no car)	99
100	Medical Expenses: \$0 (covered by Medicaid)	100
101	Sub-Total: \$1,100	101
102		102

103	7. My Other Monthly Household Expenses:	103
104	Miscellaneous Personal Expenses: \$50	104
105	Phone/Internet: \$40	105
106	Sub-Total: \$90	106
107		107
108	8. My Other Debts with Monthly Payments:	108
109	Credit Card: \$15 /mo	109
110	Personal Loan: \$25 /mo	110
111	Medical Bill (in payment plan): \$20 /mo	111
112	Other: \$0 /mo	112
113	Other: \$0	113
114	Sub-Total: \$60	114
115		115
116	Total Household Expenses and Debts, lines 6, 7, and 8: \$1,100 + \$90 + \$60 = \$1,250	116
117		117
118	Date: February 13, 2025 Signature: _____	118
119	(Bo Shang)	119
120	""	120
121		121