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| **Court of Washington** For |  |
| Petitioner/Plaintiff,  vs.    Respondent/Defendant. | **No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Motion and Declaration For Waiver of Civil Fees and Surcharges**  **(MTWVF)** |

**I. Motion**

* 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:

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[ ] (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

**Case Name**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Financial Statement (Attachment)** | | | | | | |
| 1. My name is: | | | | | | |
| 2. [ ] I provide support to people who live with me:How many? Age(s): | | | | | | |
| **3. My Monthly Income**: | | | | | **6. My Monthly Household Expenses**: | |
| Employed [ ] Unemployed [ ] | | | | | Rent/Mortgage: | $ |
| Employer’s Name: | | | | | Food/Household Supplies: | $ |
| Gross pay per month (salary or hourly pay): | | $ | | | Utilities: | $ |
| Take home pay per month: | | $ | | | Transportation: | $ |
| **4. Other Sources of Income Per Month in my Household**: | | | | | Ordered Maintenance actually paid: | $ |
| Source: |  | $ | | | Ordered Child Support actually paid: | $ |
| Source: |  | $ | | | Clothing: | $ |
| Source: |  | $ | | | Child Care: | $ |
| Source: |  | $ | | | Education Expenses: | $ |
| Sub-Total: | | $ | | | Insurance (car, health): | $ |
| [ ] I receive food stamps. | | | | | Medical Expenses: | $ |
| **Total Income, lines 3 (take home pay) and 4**: | | | | **$** | Sub-Total: | **$** |
| **5. My Household Assets**: | | | | | **7. My Other Monthly Household Expenses**: | |
| Cash on hand: | | $ | | |  | $ |
| Checking Account Balance: | | $ | | |  | $ |
| Savings Account Balance: | | $ | | |  | $ |
| Auto #1 (Value less loan): | | $ | | |  | $ |
| Auto #2 (Value less loan): | | | $ | | Sub-Total: | **$** |
| Home (Value less mortgage): | | | $ | | **8. My Other Debts with Monthly Payments**: | |
| Other: | | | $ | |  | $ /mo |
| Other: | | | $ | |  | $ /mo |
| Other: | | | $ | |  | $ /mo |
| Other: | | | $ | |  | $ /mo |
| Other: | | | $ | | Sub-Total: | $ |
| **Total Household Assets**: | | | **$** | | **Total Household Expenses and Debts, lines 6, 7, and 8**: | **$** |
| **Date**: | | | | | **Signature**: | |