**APPLICATION FOR WAIVER OF COURT FEES AND COSTS** (RCW 74.13A.005)

1. **I am asking the court to waive fees because**: ☒ I cannot afford to pay ☒ Emergency circumstances prevent payment
2. **Financial Information**:
   * Monthly Income: $0 (excluded from business)
   * Assets: None accessible (all at contested property)
   * Monthly Expenses: Unable to meet basic needs
   * Dependents: 0
3. **I receive these public benefits**: ☐ TANF ☐ Food Stamps ☐ SSI ☐ Medicaid ☒ None - excluded from all resources
4. **Emergency Circumstances**:
   * Respondent has excluded me from home and business
   * $247,500 in losses since September 2024
   * All assets inaccessible at 1024 S Machias Rd
   * Medical emergency (carotid aneurysm)
   * Previous exclusion resulted in rape by 3 individuals
   * No shelter or resources available
5. **Previous Fee Waiver**: Granted in this case (Doc. 31)

I declare under penalty of perjury under the laws of Washington that the above is true and correct.

DATED: July 18, 2025 SIGNED: /s/ William Orley Miller Jr. Snohomish, Washington