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| _____ Court of Washington, County/City of _____ | |
| _____ Plaintiff, vs. _____ Defendant. DOB _____ PCN/TCN: _____ SID: _____ | No. Petition re: Legal Financial Obligations (PT) |

Petition re: Legal Financial Obligations

Use this form to request that your legal financial obligations (LFOs) be waived, reduced, pulled from collections, converted to community restitution hours, or to modify a payment plan.

The undersigned requests that the sentencing court grant an order that will (check the boxes that apply):

1. Interest *(Check all that apply)*

- p_1.1 ☐ **LFO Interest.** Waive all unpaid interest on my LFOs that are not restitution. (RCW 10.82.090(2)(a).)
- p_1.2 ☐ **Restitution Interest.** I have paid the principal of my restitution in full. All that remains of my restitution obligation is interest. I ask that the court waive or reduce the remaining interest on my restitution as an incentive for me to pay my remaining LFOs. (RCW 10.82.090(2)(b).)

2. LFOs that are not restitution *(Check all that apply)*

- p_2.1 ☐ **Remission or Reduction.** Waive or reduce all unpaid discretionary LFOs. (RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180(5); RCW 46.63.190.)
- p_2.2 ☐ **Additional Time.** Grant me additional time to pay my unpaid LFOs. (RCW 9.94A.6333(3)(f); RCW 10.01.170(1); RCW 10.01.180(5); RCW 46.63.190.)
- p_2.3 ☐ **Collection.** Remove my unpaid LFOs from collection and waive all collection fees. (RCW 19.16.500(1)(b); RCW 36.18.190.)
- p_2.4 ☐ **Community Restitution.** Convert any unpaid discretionary LFOs that are not restitution to community restitution/service hours through a community restitution program. (RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180(5); RCW 46.63.190.)

3. Declaration

I am the defendant in the above action and declare that I have been released from total confinement on this matter: *(Check all that apply)*

p_3.1 ☐ I have paid my restitution in full.

p_3.2 ☐ I am indigent because:

p_3.3 ☐ I am receiving one of the following types of public assistance: temporary assistance for needy families, aged, blind, or disabled assistance benefits, medical care services under RCW 74.09.035, pregnant women assistance benefits, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid (for example, Apple Health), or supplemental security income. (RCW 10.101.010(3)(a); GR 34(a)(3)(A).) I am receiving the following forms of public assistance:

☐ I am involuntarily committed to a public mental health facility. (RCW 10.101.010(3)(b).)

p_3.3b ☐ I am receiving an annual income, after taxes, of 125% or less of the current federally established poverty level. (RCW 10.101.010(3)(c); GR 34(a)(3)(B).)

p_3.3c ☐ I am receiving an annual income, after taxes, of more than 125% of the federally established poverty level but I have recurring basic living expenses making me unable to pay the LFOs imposed. (GR 34(a)(3)(C).) Details:

p_3.3d ☐ Other compelling circumstances exist that demonstrate my inability to pay fees and/or charges. (GR 34(a)(3)(D).) Details:

p_3.4 ☐ I am homeless. (RCW 9.94A.6333(3)(d); RCW 9.94A.760(11); RCW 10.01.180(1)(c).)

p_3.5 ☐ I am not able to complete community restitution hours because:

p_3.6 ☐ I have not paid my LFOs in a timely manner. However, my late payment(s) or failure to pay was/were not willful because:

p_3.7 ☐ **OPTIONAL:** I have attached my financial case history report from the court clerk.

I request:

p_ruleWithoutHearingCheckbox ☐ the court rule without a hearing.

p_haveAHearing ☐ a hearing by ☐ ^{p_telephoneHearing}telephone ☐ ^{videoHearing}video conference ☐ ^{p_inPersonHearing}in court appearance.

4. I mailed or delivered this Petition, Declaration and proposed Order to the Court on *(date)* _____ and to the Prosecuting Attorney on *(date)* _____.

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 of Defendant

Print Name

Dated: _____

Defendant's Attorney/WSBA No.

Print Name

Clerk Action Required

The Court orders:

- o_o1 [] **LFO Interest.** All interest that is not restitution on the defendant's LFOs is waived. RCW 10.82.090(2)(a).
- o_o2 [] **Restitution Interest Waiver.** Because the defendant has paid restitution in full and reducing interest on restitution would be an incentive for the defendant to pay other LFOs, all restitution interest is waived. RCW 10.82.090(2)(b).
- [] **Restitution Interest Reduction.** Because the defendant has paid restitution in full and reducing interest on restitution would be an incentive for the defendant to pay other LFOs, restitution interest is reduced to _____. RCW 10.82.090(2)(b).
- o_o4 [] **Remission.** All discretionary LFOs that are not restitution, including all costs or fees attendant to private debt collection efforts, are waived. RCW 9.94A.6333(3)(f); RCW 10.01.160(3), (4) (relating to costs); RCW 10.01.180(5); RCW 46.63.190; RCW 36.18.190. The following mandatory LFOs shall remain:

- [] **Reduction.** RCW 9.94A.6333(3)(f); RCW 10.01.180(5). All discretionary LFOs that are not restitution are reduced as follows:

- o_o6 [] **Community Restitution.** All discretionary LFOs that are not restitution are converted to community restitution hours through a community restitution program at the rate of \$_____ per hour for each hour of community restitution. RCW 9.94A.6333(3)(f); RCW 10.01.180(5); RCW 46.63.190.

- o_o7 [] **Additional Time.** RCW 9.94A.6333(3)(f); RCW 10.01.180(5); RCW 10.82.090(2)(b); RCW 10.01.170; RCW 46.63.190. All remaining LFOs may be paid according to the following schedule:

Next payment due date:_____

Minimum monthly payment: _____

Payments shall be made to:_____

- o_o8 [] **Collection.** The remaining LFOs are removed from a third-party collection agency and payments shall now be made to the Clerk's Office. RCW 36.18.190.

- [] A review hearing is set for (date)_____

- [] **Other**_____

Dated:_____

Judge

Presented by:

Signature of Defendant/Attorney WSBA No.

Print Name