

SUPERIOR DISTRICT COURT IN THE STATE OF WASHINGTON
IN THE COUNTY OF SAN JUAN

State of Washington

vs.

Defendant: _____

No. _____

MOTION TO REDUCE OR WAIVE
LEGAL FINANCIAL OBLIGATIONS
(LFOs) AND DECLARATION

1. MOTION

I am unable to pay my legal financial obligations (LFOs) and request that the court waive my LFOs in this case (other than restitution).

I can afford to pay my LFOs, but request that the court waive the interest that has accrued (other than restitution).

I have paid all of the principal of my restitution and ask that the interest be waived.

Other Request (including to modify payment schedule with the court):

Respectfully submitted,

/S/

Defendant signs here

Print name

Date

Mailing Address

city

state

zip

MOTION TO REDUCE OR WAIVE LFOs

DEFENDANT E-MAIL ADDRESS:

Page 1 of 3

DEFENDANT PHONE NUMBER:

2. FINANCIAL STATEMENT / DECLARATION

The total number of persons in my household is: ___; ages: _____

My best estimate of my monthly income, expenses, assets and debt is as follows:

My Monthly Income:		My Average Monthly Household Expenses:	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or average hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
Other Sources of Income Per Month in my Household (rental income, child support, etc.):		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
Total Income - All Sources :		Sub-Total:	\$
		My Debts with Monthly Payments:	
Cash on hand:	\$		\$ /mo
Checking Account Balance:	\$		\$ /mo
Savings Account Balance:	\$		\$ /mo
Auto #1 (Value less loan):	\$		\$ /mo
Auto #2 (Value less loan):	\$		
Home (Value less mortgage):	\$		
Total Household Assets:		Total Household Expenses and Debts (added together):	\$

Public Assistance. I receive the following: (*SEE INSTRUCTIONS to have verified*)

<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Food Stamp (Basic Food/SNAP) Program <input type="checkbox"/> Medicaid <input type="checkbox"/> Federal Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Federal poverty-related veteran's benefits <input type="checkbox"/> Aged, blind or disabled (ABD) <input type="checkbox"/> Housing and Essential Needs (HEN) <input type="checkbox"/> Medical care services RCW 74.09.035 (MCS) <input type="checkbox"/> Pregnant women assistance benefits (PWA) <input type="checkbox"/> Refugee resettlement benefits
--	--

MOTION TO REDUCE OR WAIVE LFOs

DEFENDANT E-MAIL ADDRESS:

DEFENDANT PHONE NUMBER:

I am unemployed. I have made these efforts to find a job/I am unable to work because –

Efforts to Pay Fines. I have made these efforts to pay my fines–

Other information I want the Court to know, including hardships I face -

I have talked with the Public Defender Screener and completed the financial information certification process. I give the Court permission to request the certification from the Public Defender Screener.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (*city and state*): _____ Date: _____

► /S/
Signature of Defendant

Print or type name

MOTION TO REDUCE OR WAIVE LFOs

DEFENDANT E-MAIL ADDRESS:

Page 3 of 3

DEFENDANT PHONE NUMBER: