

**In the District Court of Washington  
For Spokane County**

No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner/Plaintiff,  
vs.

\_\_\_\_\_  
Respondent/Defendant.

**Motion and Declaration For Waiver of Civil  
Filing Fees and Surcharges  
(MTAF)**

**I. Motion**

- 1.1 I am the  petitioner/plaintiff  respondent/defendant in this action.  
1.2 I am asking for a waiver of all filing fees and surcharges.

**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 filing fees and surcharges imposed by the court. Please see the attached confidential Financial Declaration, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

- (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

## District Court Financial Declaration (Confidential)

You must provide proof of income/support and expenses (screen shots are permissible) RCW9.94A.760(7)(b)

Defendant: \_\_\_\_\_  
 Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Name & Relationship of DEPENDENTS (only list if live with & supported by YOU)	DOB

### Presumptive Indigency:

Supplemental Security Income SSI	\$
Aged, Blind, Disabled ABD	\$
Medicaid (is based upon indigency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Care Services MCS (for ABD non-citizens)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### STOP HERE- PRESUMPTIVE INDIGENCY

### Indications of Indigency: Mthly Amount

Food Asst Benefits (Food Stamps)	\$
Suppl Nutrition Asst Program SNAP	\$
Temp Assist Needy Families TANF	\$
Housing & Essential Needs HENS	\$
Pregnant Women Assist PWA	\$
Refugee Resettlement	\$
Refugee Cash Assistance RCA	\$
Charities/COVID Program _____	\$
Other (specify) _____	\$

### Monthly Expenses Amount

Food (not covered by food assistance)	\$
Toiletries/Clothing	\$
Rent/Mortgage (your portion only)	\$
Past Due Rent (your portion only)	\$
Utilities (your portion only): Gas/Electricity	\$
Water/Sewer/Garbage	\$
Phone/Internet (your portion only)	\$
Transportation - Bus	\$
Gasoline	\$
Insurance - House and Auto	\$
Court required Treatment/MRT Cost	\$
PAR/Valley Empire Payments	\$
Garnishment Amounts	\$
Medical/Dental Costs (only if actively paying)	\$
Past Due Medical/Dental (actively paying)	\$
Medication/Prescription Costs	\$
Student Loans (if actively paying)	\$
Child Care (if employed/in school)	\$
Child Support (if actively paying)	\$
Other (specify)	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

### Income You      Spouse

Take Home Pay (after all deductions)	\$	\$
Child Support Received	\$	-----
Soc Sec Disab Insur SSDI (earned)	\$	\$
VA Benefits (benefits earned)	\$	\$
Retirement/Social Security payments	\$	\$
Unemployment	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

### Liquid Assets: Amount

Bank Savings (include joint accts)	
Equity in Home	
Equity in Vehicles/Boats/RV/Snowmobiles	
Stocks, Bonds, Certificates of Deposit	

**EMPLOYER:** List: Employer Name      Your Job Title      Full/Part Time      **Must Provide copies of last 2 pay stubs**

List information about employment or lack of and other information to assist the court:

I understand that I am under oath and must respond truthfully, honestly, completely and provide information concerning earning capabilities past, present and future, and to list all financial assets. Failure to comply may result in a new criminal charge. I understand I am required to keep the Court notified, in writing, of my current address and contact information. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on \_\_\_\_\_ (Date) at \_\_\_\_\_ (City and State)

Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_