

In the District Court of Washington For Spokane County
<p style="text-align: center;">_____ Petitioner/Plaintiff,</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">_____ Respondent/Defendant.</p>

No. _____

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

- Case Type:** **Small Claims**
 Name Change
 Civil

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 “filing 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 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:

(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

Financial Statement (Attachment)			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many? Age(s):			
3. My Monthly Income:		6. My 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 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):	\$
<input type="checkbox"/> 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:	

*Financial Statement (Attachment)
WPF GR 34.0300 (2/2011) GR 34*