

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

State of Washington, Plaintiff

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

vs.

**MOTION TO WAIVE OR REDUCE  
LFO'S AND FINANCIAL  
STATEMENT/DECLARATION**

Defendant:

\_\_\_\_\_

**1. MOTION**

Due to my inability to pay as set forth in my attached Financial Statement/Declaration, and under the laws of the State of Washington, I hereby request that the court reduce my previously imposed legal financial obligations (LFOs) in this case as follows:

- WAIVE all interest on the non-restitution LFOs that accrued before June 7, 2018 pursuant to RCW 10.82.090(2)(a).
- WAIVE all the LFOs imposed.
- WAIVE part of the LFOs imposed.
- WAIVE all interest on restitution LFOs where the principal has been paid.
- REMOVE the LFOs from collection and lower my monthly payments to \$\_\_\_\_\_.
- SUSPEND monthly payment of the LFOs until I regain the ability to make payments.
- ALLOW me to work off the LFOs on community service.
- Other:

Respectfully submitted,

/s/

\_\_\_\_\_

*Defendant signs here*

\_\_\_\_\_

*Print name*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*city*

\_\_\_\_\_

*state*

\_\_\_\_\_

*zip*

## 2. FINANCIAL STATEMENT/DECLARATION

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

<input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
<b>My Monthly Income:</b>		<b>My Monthly Household Expenses:</b>	
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:	\$ _____
<b>Other Sources of Income Per Month in my Household:</b>		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:	\$ _____
<b>Total Income (all sources added together) :</b>		Sub-Total:	<b>\$ _____</b>

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):	\$	<b>My Other Debts with Monthly Payments:</b>	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
<b>Total Household Assets:</b>	<b>\$</b>	<b>Total Household Expenses and Debts (all monthly expenses added together):</b>	<b>\$</b>

- Public Assistance. I receive the following assistance –
- Supplemental Security Income (SSI)
  - Social Security Disability Insurance (SSDI)
  - Food Stamp (Basic Food/SNAP) Program
  - Federal poverty-related veteran’s benefits
  - Aged, blind or disabled (ABD) or Housing and Essential Needs (HEN) benefits (previously GA-U, GA-X)
  - Medical care services under RCW 74.09.035 (MCS)
  - Pregnant women assistance benefits (PWA)
  - Refugee resettlement benefits
  - Medicaid
  - Federal Temporary Assistance for Needy Families (TANF)
  - Other \_\_\_\_\_

I am not disabled, but I am unemployed. I have made these efforts to find a job/I am unable to work because –

I am disabled and unable to work. I attached evidence that I am disabled, including –

Efforts to Pay Fines. I have been able to pay toward my LFOs. I have made these efforts to pay my fines–

Other Hardships (such as illness, jail, crime victim). I have these hardships that prevent me from paying my LFOs –

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*