

DISTRICT COURT OF WASHINGTON
COUNTY OF SKAGIT

[] STATE OF WASHINGTON)
[] CITY OF _____) NO. _____
)
[] _____) SCt. _____
)
) PLAINTIFF)
)
) vs.)
) MOTION, AFFIDAVIT AND
) ORDER WAIVING FEES (RALJ)
) [] CRIMINAL [] CIVIL
) [] INFRACTION
) [] SMALL CLAIMS
)
) DEFENDANT)

- 1. The undersigned was [] plaintiff [] defendant [] _____ in the above captioned case. I request an Order waiving the: [] filing fee [] record preparation costs [] tape duplication costs [] Other _____
- 2. I certify that this appeal concerns a: [] criminal case [] civil case where there is a statutory right to counsel [] civil case concerning property or financial interests where: (1) appeal is brought in good faith, (2) there is probable merit, and (3) justice and public interest require review. **No types of cases other than those listed qualify for waiver of fees and costs.**
- 3. I certify that I am unable to pay the fees and costs listed above without substantial hardship to my family or myself.
- 4. I certify under penalty of perjury under the laws of the State of Washington that the information set forth above, and set forth in the financial statement on the reverse is true and correct to the best of my knowledge. This certification is intended to be relied on by the court in determining eligibility for waiver of fees, and is binding on all parties benefiting from this request.

Signature

Signature

Print/Type Name

Print/Type Name

PRESENTED THIS _____ DAY OF _____ 201__.

WAIVER OF FEES AND COSTS

- [] Civil Appeal
- [] Criminal Appeal
- [] Filing fee waived
- [] Cost of record preparation waived
- [] Cost of tape duplication waived
- [] Costs in excess of \$_____ waived
- [] Request denied

DATED THIS _____ DAY OF _____ 201__.

JUDGE/COMMISSIONER

FINANCIAL STATEMENT

Each party to this request must provide information and sign.

Name

Spouse/Co-Party Name

Address

Address

City/State/Zip

City/State/Zip

D.O.B. Soc. Sec. #

D.O.B. Soc. Sec. #

Employer

Employer

Address

Address

City/State/Zip

City/State/Zip

Phone Occupation

Phone Occupation

Salary How long employed

Salary How long employed

INCOME AND ASSETS

EXPENSES AND DEBTS

Personal gross income (monthly) \$ MONTHLY
Spouse's gross income (monthly)
Other income
Cash on hand
Home (real value less debt)
Auto (real value less debt)
Furniture (approx. value)
Notes/mortgages/trusts/deeds
Stocks/bonds (approx value)
Other Assets/property
Total \$

LIVING EXPENSES:
Rent/Mortgage \$
Food
Utilities
Transportation
Credit payments
Medical/dental
Insurance
Other
Total \$

Number of persons supported:
[] Spouse/Domestic partner
[] Children: (names and ages)
[] Other: (names and ages)

DEBTS:
Creditor: Total owed:
(Add additional pages if needed.) Total \$

[CIVIL ONLY] Explain briefly why you feel your appeal is likely to be granted and why justice and public interest require that your appeal be heard at public expense:

Blank lines for providing the explanation.