

Instructions: You *must* fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, complete the *entire* Financial Statement, or properly sign the document in the *multiple* areas required may cause this document to be rejected for filing with the Court and to be returned to you. **Please Note:** The terms “case number”, “cause number”, “notice number”, “ticket number”, and “citation number” may be used interchangeably to refer to the court number assigned to your case.

**Spokane Municipal Court
County of Spokane, State of Washington**

CITY OF SPOKANE,
Plaintiff,

vs

Defendant.

Case No 1: _____

Case No 2: _____

Case No 3: _____

Case No 4: _____

**DEFENDANT’S MOTION &
DECLARATION FOR MODIFICATION
OF FINANCIAL OBLIGATIONS**

I. MOTION

COMES NOW the defendant in the above captioned matter and moves the Court for an order granting the Defendant the following modification and/or relief from the Defendant’s financial obligations previously established by judgment:

- Recall my infraction and/or criminal fines from collection and establish a monthly payment schedule.
- Reset a payment plan I previously defaulted on.
- Restructure my current monthly payment to a total sum of \$ _____ per month.
- Reduce the original penalty previously imposed.
- Waive accrued and/or suspend accruing interest on this case.
- Waive late fee. (Financial statement on page 2 is NOT required. ***Contact information and page 2 signature IS required.***)
- Extend payment due date. (Financial statement on page 2 is NOT required. ***Contact information and page 2 signature IS required.***)
- Other: _____.



Signature of Moving Party

II. DECLARATION

COMES NOW the declarant, who is also the Defendant in the above-captioned matter(s), and makes the following declaration in support of the declarant’s Motion for Modification of Financial Obligations:

Explain why you believe the Court should grant your motion:

FINANCIAL STATEMENT

General Information

Employer's Name:

Employer's Address:

Employer's Phone:

Spouse's Employer's Name:

Spouse's Employer's Address:

Spouse's Employer's Phone:

Length of Employment:

Occupation:

Spouse's Length of Employment:

Spouse's Occupation:

Income and Assets

Gross Monthly Income: _____

Spouse's Gross Monthly Income: _____

Other Income: _____

Cash/Checking/Savings: _____

Home (value less amt. owing): _____

Auto (value less amt. owing): _____

Stocks/Bonds (approx value): _____

Other Assets/Property: _____

TOTAL: _____

Dependents You Financially Support

Spouse: _____

Children:
(List Ages) _____

Other: _____

Monthly Expenses

Rent/Mortgage: _____

Food: _____

Phone, Electric, Water: _____

Transportation

(Gas, Insurance, Bus Fare): _____

Other: _____

TOTAL: _____

Current Contact Information Update

Address 1:

Address 2:

City State Zip

Telephone:

Telephone Type:

Email Address:

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

Signed at _____ on _____
City State Date

➤ _____
Signature of Declarant

By typing my name in a signature field, I agree that my typed name will be the electronic representation of my signature for all purposes, including legally binding agreements, declarations of fact under penalty of perjury, and acknowledgment of receipt of information and/or documents, just the same as a pen and paper signature.