

Instructions: You *must* fill out this form completely, legibly, and accurately. Failure to fill in your name, accurate case numbers, birthdate, contact information, complete the Declaration section, and/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: _____

**MOTION FOR REVIEW OF
APPOINTMENT OF COUNSEL AT
PUBLIC EXPENSE WITH FEE**

I. MOTION

COMES NOW the Defendant in the above-captioned matter and requests the Court to review the fee assessed in association with the appointment of an attorney at public expense to represent me in this matter. I request an in person hearing to explain the basis of my motion.

II. DECLARATION

The undersigned, under penalty of perjury according to the laws of the State of Washington, provides the following information in addition to that provided to the agency which conducted the initial financial screening for an appointment of an attorney at public expense for the criminal charges associated with this matter:

At the time of this declaration, my custody status is: in custody out of custody

Signed at _____ on _____
City State Date

➤
Signature of Declarant/Defendant

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.