

**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:**

**MOTION & DECLARATION FOR  
WAIVER OF FEES & SURCHARGES**

**I. MOTION**

- 1.1 I am the Defendant in the above-captioned matter(s).
- 1.2 I am asking for a waiver of fees and surcharges under the provisions of GR 34.

**II. BASIS**

- 2.1 GR 34 allows the court to waive “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

**DECLARATION**

I declare that,

- 2.2 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the following Financial Statement, which I incorporate as part of this declaration.
- 2.3 In addition to the information in the Financial Statement I would like the court to consider the following:

**FINANCIAL STATEMENT**

[Empty box]

Name/Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Length of Employment: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name/Address of Spouse's Employer: \_\_\_\_\_  
\_\_\_\_\_

Length of Employment: \_\_\_\_\_

Spouse's Employer's Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Income and Assets**

**Dependents You Financially Support**

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: \_\_\_\_\_

Spouse: \_\_\_\_\_  
  
Children: \_\_\_\_\_  
(List Ages) \_\_\_\_\_  
  
Other: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Monthly Expenses**

**Current Contact Information Update**

Rent/Mortgage: \_\_\_\_\_  
Food: \_\_\_\_\_  
Phone, Electric, Water: \_\_\_\_\_  
Transportation (Gas, Insurance, Bus Fare): \_\_\_\_\_  
Other: \_\_\_\_\_

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Telephone \_\_\_\_\_  
Telephone Type \_\_\_\_\_  
E-mail \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

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.