

**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:

I either previously applied to and was rejected by, **OR** was terminated and cannot reenter the Relicensing Program. (If you have not sought help from the relicensing program before filing this motion, absent exceptional circumstances the Court may require you to do so).

Explain why you believe the Court should grant your motion:

## FINANCIAL STATEMENT

### General Information

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

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: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Telephone Type: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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 and clicking "Submit", 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.