

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

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: _____
 Address 2: _____
 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.