

**KITSAP COUNTY DISTRICT COURT
STATE OF WASHINGTON**

STATE OF WASHINGTON,

Plaintiff,

v.

Defendant.

No. _____

**“I CAN’T AFFORD TO PAY” MOTION AND
DECLARATION**

___ **AMENDED**

1. MOTION

I am the defendant. I request due to my financial status and inability to pay that the Court waive all previously imposed legal financial obligations in this case.

DATED – _____

/s/ *Signed Electronically*

[Note – By typing your name, you intend to sign electronically and agree your electronic signature is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.]

2. DECLARATION OF DEFENDANT

I, (*name*) _____, am indigent and unable to pay my legal financial obligations in this case for the following reason(s) (*check all that apply*) –

___ **Public Assistance.** I am receiving one of the following types of public assistance – temporary assistance for needy families, aged, blind, or disabled assistance benefits, medical care services under RCW 74.09.035, pregnant women assistance benefits, poverty-related veterans’ benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid (for example, Apple Health), or supplemental security income. (RCW 10.101.010(3)(a); GR 34(a)(3)(A))

I am receiving the following forms of public assistance –

___ **Homeless.** I am homeless. (RCW 10.01.180(3)(c))

___ **Involuntarily Committed.** I am involuntarily committed to a public mental health facility. (RCW 10.101.010(3)(b))

___ **Annual Income 125% Or Less.** I am receiving an annual income, after taxes, of 125% or less of the current federally established poverty level. (RCW 10.101.010(3)(c); GR 34(a)(3)(B))

See the Poverty Guidelines

___ **Annual Income Over 125%.** I am receiving an annual income, after taxes, of more than 125% of the federally established poverty level but I have recurring basic living expenses making me unable to pay the LFOs imposed. (GR 34(a)(3)(C))

(Please provide details. Attach additional pages if necessary) –

___ **Other Compelling Circumstances.** Other compelling circumstances exist that demonstrate my inability to pay fees and/or charges. (GR 34(a)(3)(D))

(Please provide details. Attach additional pages if necessary) –

____ **Not Timely Paid.** I have not paid my legal financial obligations ordered by the Court in this case in a timely manner. However, my late payment(s) or failure to pay was/were not willful on my part because –

(Please provide details. Attach additional pages if necessary) –

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that I am the person whose name I typed (or wrote) below.

SIGNED at (city) _____, (state) _____ on (date) _____.

/s/ Signed Electronically

[Note – By typing your name, you intend to sign electronically and agree your electronic signature is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.]