## KITSAP COUNTY DISTRICT COURT, STATE OF WASHINGTON

| STATE OF WASHINGTON, Plaintiff, | NO.   |
|---------------------------------|---|
| V.                              |   |
| ,<br>Defendant.                 | "I CAN'T AFFORD TO PAY" MOTION<br>AND DECLARATION |

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. My financial declaration is attached.

DATED AND FILED \_\_\_\_\_

Defendant

## FINANCIAL DECLARATION

Please see the attached Financial Statement, which I incorporate as part of this declaration.

In addition to the information in the financial statement I would like the court to consider the following:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

SIGNED at (city) \_\_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_

SIGNATURE

PRINT OR TYPE NAME

| FINANCIAL STATEMENT  |          |   |           |  |
|--|----------|---|-----------|--|
| 1. My name is:   |          |   |           |  |
| 2. [ ] I provide support to people who live with me: How many? Age(s): |          |   |           |  |
| 3. My Monthly Income:  |          | 6. My Monthly Household                                     | Expenses: |  |
| Employed [ ] Unempl  | oyed [ ] | Rent/Mortgage   | \$        |  |
| Employer's Name:   |          | Food/Household Supplies                                     | \$        |  |
| Gross pay per month (salary or hourly pay)                             | \$       | Utilities   | \$        |  |
| Take home pay per month  | \$       | Transportation  | \$        |  |
| 4. Other Sources of Income Per Month in my Household:                  |          | Ordered Maintenance actually paid                           | \$        |  |
| Source   | \$       | Ordered Child Support actually paid                         | \$        |  |
| Source   | \$       | Clothing  | \$        |  |
| Source   | \$       | Child Care  | \$        |  |
| Source   | \$       | Education Expenses  | \$        |  |
| Sub-Total:   | \$       | Insurance (car, health)                                     | \$        |  |
| [] I receive food stamps   |          | Medical Expenses  | \$        |  |
| Total Income, lines 3<br>(take home pay) and 4                         | \$       | Sub-Total   | \$        |  |
| 5. My Household Assets   |          | 7. My Other Monthly Household Expenses                      |           |  |
| Cash on hand   | \$       |   | \$        |  |
| Checking Account Balance   | \$       |   | \$        |  |
| Savings Account Balance  | \$       |   | \$        |  |
| Auto #1 (Value less loan)  | \$       |   | \$        |  |
| Auto #2 (Value less loan)  | \$       | Sub-Total:  | \$        |  |
| Home (Value less mortgage)   | \$       | 8. My Other Debts with Monthly Payments:                    |           |  |
| Other  | \$       |   | \$ /mo    |  |
| Other  | \$       |   | \$ /mo    |  |
| Other  | \$       |   | \$ /mo    |  |
| Other  | \$       |   | \$ /mo    |  |
| Other  | \$       | Sub-Total:  | \$        |  |
| Total Household Assets   | \$       | Total Household<br>Expenses and Debts,<br>lines 6, 7, and 8 | \$        |  |
| Date:  |          | Signature:  |           |  |