

_____ COURT IN THE STATE OF WASHINGTON
IN THE COUNTY/CITY OF _____

Plaintiff: _____

No. _____

vs.

**MOTION TO WAIVE OR REDUCE
LFO'S AND FINANCIAL
STATEMENT/DECLARATION**

Defendant:

1. MOTION

Due to my inability to pay as set forth in my attached Financial Statement/Declaration, and under the laws of the State of Washington, I hereby request that the court reduce my previously imposed legal financial obligations (LFOs) in this case as follows:

- WAIVE all interest on the non-restitution LFOs that accrued before June 7, 2018 pursuant to RCW 10.82.090(2)(a).
- WAIVE all the LFOs imposed.
- WAIVE part of the LFOs imposed.
- WAIVE all interest on restitution LFOs where the principal has been paid.
- REMOVE the LFOs from collection and lower my monthly payments to \$_____.
- SUSPEND monthly payment of the LFOs until I regain the ability to make payments.
- ALLOW me to work off the LFOs on community service.
- Other:

Respectfully submitted,

Defendant signs here *Print name* *Date*

Address *city* *state* *zip*

2. FINANCIAL STATEMENT/DECLARATION

My best estimate of my monthly income and expenses is as follows:

[] I provide support to people who live with me: How many? Age(s):			
My Monthly Income:		My Monthly Household Expenses:	
Employed []	Unemployed []	Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
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 (all sources added together) :		Sub-Total:	\$
	\$		

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):	\$	My Other Debts with Monthly Payments:	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
Total Household Assets:	\$	Total Household Expenses and Debts (all monthly expenses added together):	\$

- Public Assistance. I receive the following assistance –
- Supplemental Security Income (SSI)
 - Social Security Disability Insurance (SSDI)
 - Food Stamp (Basic Food/SNAP) Program
 - Federal poverty-related veteran’s benefits
 - Aged, blind or disabled (ABD) or Housing and Essential Needs (HEN) benefits (previously GA-U, GA-X)
 - Medical care services under RCW 74.09.035 (MCS)
 - Pregnant women assistance benefits (PWA)
 - Refugee resettlement benefits
 - Medicaid
 - Federal Temporary Assistance for Needy Families (TANF)
 - Other _____

I am not disabled, but I am unemployed. I have made these efforts to find a job/I am unable to work because –

I am disabled and unable to work. I attached evidence that I am disabled, including –

Efforts to Pay Fines. I attached a copy of my LFO accounting summary showing how much, if any, I have been able to pay toward my LFOs. I have made these efforts to pay my fines–

Other Hardships (such as illness, jail, crime victim). I have these hardships that prevent me from paying my LFOs –

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (*city and state*): _____ Date: _____

▶ _____
Signature of Defendant

Print or type name

_____ COURT IN THE STATE OF WASHINGTON
IN THE COUNTY/CITY OF _____

Plaintiff: _____

No. _____

vs.

NOTICE OF HEARING

Defendant:

CLERK'S ACTION REQUIRED

TO: ALL PARTIES, THEIR COUNSEL, AND THE CLERK OF THE COURT

PLEASE NOTE the above cause for hearing at the following time:

DATE: _____

TIME: _____

JUDGE: _____

PLACE: _____

MATTER: Motion to Waive or Reduce LFO's

DATED this ____ day of _____, 20__.

Defendant

_____ COURT IN THE STATE OF WASHINGTON
IN THE COUNTY/CITY OF _____

Plaintiff: _____

No. _____

vs.

ORDER REDUCING OR WAIVING
LEGAL FINANCIAL OBLIGATIONS
(LFOs)

Defendant:

Proposed
 Final

I. FINDINGS

The Court has proper jurisdiction and venue.

Defendant's sole source of income is Supplemental Security Income (SSI) or other means-tested program such as Basic Food (food stamps), Temporary Aid to Needy Families (TANF), Aged Blind Disabled (ABD), or Veteran's Benefits.

Defendant's household income is at or below 125% of the federal poverty guidelines (FPG).

Defendant's household income is above 125% FPG but Defendant has recurring basic living expenses rendering Defendant unable to pay the LFOs imposed.

Defendant is involuntarily committed to a public mental health facility.

Other: _____

Defendant lacks the ability to pay the LFOs.

- Repayment of the LFOs constitutes a manifest hardship on Defendant or Defendant's family.
- Defendant is not in willful default.

II. CONCLUSIONS

On motion, the Court shall waive all interest on non-restitution LFOs that accrued before June 7, 2018. RCW 10.82.090(2)(a).

This Court is required to waive all discretionary fines because the Defendant's sole source of income is Social Security disability benefits (SSI or SSDI). *City of Richland v. Wakefield*, 186 Wn.2d 596, 380 P.3d 459 (2016); RCW 10.01.160(4), RCW 10.01.180(5).

The Court is required to waive all discretionary LFOs because Defendant's sole source of income is from a qualified needs-based, means-tested assistance program. *Id.*

The Court shall waive all discretionary LFOs because the Defendant's annual income, after taxes, is 125% of the current federal poverty guidelines. RCW 10.01.160(4), RCW 10.01.180(5).

The Court shall waive all discretionary LFOs because the defendant is involuntarily committed at a public mental health facility. RCW 10.01.160(3), RCW 10.101.010(3)(b).

Although Defendant's household income is above 125% of the federal poverty guidelines, this Court is required to waive all discretionary LFOs because the Defendant has recurring basic living expenses rendering Defendant without financial ability to pay the LFOs. GR 34, RCW 10.01.160; *State v. Blazina*, 182 Wn.2d 827, 344 P.3d 680 (2015).

The Court may waive all interest on restitution LFOs where the principal has been paid. RCW 10.82.090(2)(b).

Other: _____.

III. ORDER

It is ordered:

The court waives all interest on non-restitution LFOs accrued before June 7, 2018.

The court removes from collections, if applicable, and waives the discretionary LFOs imposed in this case(s), which includes the following LFOs: _____

_____.

The court does not waive the following LFOs: _____

_____.

The court removes from collections, if applicable, and waives part of the LFOs as follows:

_____.

The court suspends monthly payment of the LFOs until _____.

The court orders the following payment plan to satisfy the balances remaining on the LFOs:


_____.

The court waives all interest on restitution LFOs.

The court allows Defendant to do community service to satisfy the debt owing on the LFOs as follows: _____.

With this Order, effective as of the date signed, the financial judgment/legal financial obligations requirement is completed and satisfied. See RCW 9.94A.637; *State v. Hubbard*, 192 Wn.2d 259, 428 P.3d 1192 (2018).

Other: _____

_____  _____
Date *Judge or Commissioner*

Presented By:

_____ *Defendant signs here* _____ *Print name* _____ *Date*

_____ *Address* _____ *city* _____ *state* _____ *zip*

_____ COURT IN THE STATE OF WASHINGTON
IN THE COUNTY/CITY OF _____

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No. _____

vs.

AFFIDAVIT OF SERVICE

Defendant:

I, _____, declare under penalty of perjury, that I am 18 or older. On the _____ day of _____, _____, I served a true copy of the attached Motion to Waive or Reduce LFO's and Declaration and corresponding documents by personal service to _____, **Prosecuting Attorney** at _____ (address).

Dated this _____ day of _____, 20____.

Signature

Print Name: _____