

# How to Ask a Washington State Court to Reduce or Waive Your Legal Financial Obligations

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This packet is for people who cannot afford to pay Legal Financial Obligations (LFOs) imposed on you by a Washington state district, municipal, or superior court in a criminal case. This packet has instructions and forms to bring a motion before the court, asking the court to reduce or waive (forgive or cancel) LFOs.

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- ❖ If traffic infractions are suspending your license and you want information on addressing these fines with any courts, read [My Driver's License was Suspended. Can I Get it Back?](#) at [WashingtonLawHelp.org](#).
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## Summary of Steps

Before you start, identify every case in Washington in which you were convicted of a crime. Write down the criminal case number. If you do not know the case numbers, you can get a report from the Washington State Patrol called a WATCH Report. The ACLU of Washington's [Getting and Reading Criminal History Reports in Washington](#) has more info. Get it at [aclu-wa.org](#).

Next, for **each** of your criminal cases:

- 1.** Ask the clerk of the court for a copy of the "Judgment & Sentence" (J&S) and an LFO Accounting Summary. The J&S says how much you were originally sentenced to pay. The Accounting Summary should show how much you have paid, how much interest and fees have been added, and how much you still owe.
- 2.** Ask the court clerk how to schedule a hearing for a **Motion to Remit LFOs**. Every county has its own rules about how many days before a hearing to file a motion. Do not be afraid to ask about the process. Most counties require you to file and serve your paperwork at least seven days before the hearing. You should probably pick a hearing date several weeks away so you have time to fill out all the paperwork, serve the prosecutor, and then file your paperwork with the court with plenty of time left before the hearing. Print the date and time the clerk gives you for the hearing in the spaces marked on the **Notice of Hearing** form in this packet.
- 3.** Fill out the following forms in this packet:
  - Motion to Waive or Reduce LFO's and Financial Statement/Declaration
  - Notice of Hearing

- Proposed Order Reducing or Forgiving LFOs
- 4. Make three copies of all completed court forms.
- 5. Go to the court clerk's office and file your original set of forms, including:
  - Motion to Waive or Reduce LFO's and Financial Statement/Declaration
    - Remember to include any attachments to your financial statement, such as your Social Security Disability Benefits Notice, and your LFO Accounting Summary.
  - Notice of Hearing
  - Proposed Order Reducing or Forgiving LFOs
  - Affidavit of Service

Ask the clerk to stamp your copy with the "Filed" stamp.

Ask the court clerk what you need to do to file "working" or "bench" copies for the judge, and if so, how to do that. Every court has its own local rules about how and when to submit these copies.

- 6. Serve one copy of your court forms (on) the prosecutor in your criminal case. To do this, you or someone else age 18 or over must deliver a set of copies to the prosecutor's office in-person OR by mail.

Then fill out the **Affidavit of Service** form in this packet. The person who serves the prosecutor must sign the affidavit.

- 7. Keep one set of copies for yourself of everything you filed.
- 8. Check your mail for any response from the prosecutor.
- 9. Go to the hearing and answer the judge's questions in person. Show up early on the day of your hearing. Allow for plenty of time to go through security and find the right courtroom. Wait until the judge calls your case or name. Answer any questions the judge asks. The judge may agree with you and sign your order that same day.

If the judge signs your order, go to the clerk once more with the signed order. File the order with the clerk. Ask the clerk for a "conformed" copy—a copy officially stamped with the date and time.

Keep the conformed copy with your important papers and bring them to the hearing.



## How to Fill Out Court Papers

On all court forms, fill out the **Caption** at the very top of the first page.

- Print or type the name of the court. The court name on the first line in the caption will be Municipal, District, or Superior. District and Superior courts will be in the county. Municipal courts will be in the city. For example, the District Court in the County of Mason or the Municipal Court in the City of Seattle.
- Print or type the name of the Plaintiff. The Plaintiff should be listed on your J&S. It will probably be the State of Washington or “City of Seattle” or another city.
- Print or type your name as the Defendant.
- Print or type the case number.

On all court forms, fill out the Footer at the very bottom-right corner of every page. Print or type your name and address.

### A. Fill out the Motion to Waive or Reduce LFO’s

Under **Other Hardships**, explain if you have any disabilities or other barriers that keep you from paying your LFOs. Examples: you have been trying to make payments for years, but just cannot make ends meet and still make payments to the court; you only completed the 8<sup>th</sup> grade, and have been unable to get a job that pays more than minimum wage; you have a disability that keeps you from earning enough to pay off your LFOs.

You should attach documents that help prove your case.

- ❖ **Example:** Under **Other Income**, you might print or type, “My only source of income is a Pell Grant. See Attachment 1, Pell Grant Award Letter.”
- ❖ **Example:** Under **Other Hardships**, you might print or type, “I suffer from multiple disabilities that keep me from working, including severe diabetes and PTSD. See Attachment 2, Medical Report and Social Security Disability Benefits Notice.”

**Signature and Date.** On the bottom of the last page, print or type the place and date that you are signing this motion and financial statement/declaration. Sign and print your name.

### B. Fill out the Proposed Order you want the judge to sign

Fill out the caption and footer completely. This should match the caption and footer in the motion.

At the end of the Order, sign on the bottom left signature line. Below that, print your name, address, and phone number.

**Leave the judge's signature line blank!** If you are successful at your hearing and the judge agrees that you cannot afford to pay your LFOs, the judge will cross out the word "Proposed" and sign the Order, making it official.

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This information is current as of July 2019.

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\_\_\_\_\_ 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:



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

- 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: \_\_\_\_\_

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\_\_\_\_\_  \_\_\_\_\_  
*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 \_\_\_\_\_

Plaintiff: \_\_\_\_\_

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: \_\_\_\_\_