

Your Family Law Case: If You Cannot Afford the GAL Fee

What is a GAL (“Guardian ad Litem”) fee?

GALs require payment for their services. You might be required to pay the GAL upfront before s/he will start working on your case. This payment is called a **retainer**. The cost of a GAL can be anywhere from \$1,000 to \$3,000.

What if I cannot afford the GAL fee?

Before requiring you to pay GAL fees, the judge should consider your ability to pay. If believe you cannot afford this fee, you can file a motion asking for an order doing one of these:

- 1) Requiring the other side to pay the fee.
- 2) Requiring the county to pay the fee.
- 3) Order payment of the GAL fee based on the parties’ ability to pay.
- 4) Waiving the requirement for a GAL.

You must prove you are unable to pay this fee. You should qualify for a GAL fee waiver if at least one of these is true:

- The court waived your filing fee.
- You receive any public assistance such as TANF, SSI, SNAP, and/or ABD benefits.
- Your household income is below 125% of the federal poverty level.
- You have exceptional financial circumstances.

I do not qualify for a GAL fee waiver. What should I do?

You should ask the judge to divide the GAL costs according to the percentage each party

pays for child support OR pursuant to each party's ability to pay.

What forms do I need for a motion to waive the GAL fee?

You need all of these:

- Notice of Hearing (Your county may use a different form. Get a copy of your county’s Note from the court clerk or courthouse facilitator)
- Motion and Declaration for Waiver of GAL Fee
- Order Waiving GAL Fee

What happens when I go to court on the GAL fee motion?

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- ❖ You must go to court at the time and on the date you stated in your Notice of Hearing or Note for Motion Docket.
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When they call your case, go in front of the judge. Ask him/her to waive your GAL fee. You must tell the Judge:

- Why you cannot afford the GAL fee
- You believe you do not have enough income to pay for a GAL
- any public assistance you get – what kind and how much
- If you did not have to pay a filing fee at the start of your case
- If you have a GR 34 fee waiver order - give the judge a copy

The judge will ask the other party about his/her ability to pay the GAL fee and then make a decision. It is best to get the judge to sign an order detailing his/her decision about your request.

What if I need legal help?

Apply online with **CLEAR*Online** -

<https://nwjustice.org/get-legal-help>

or

Call CLEAR at 1-888-201-1014

CLEAR is Washington’s toll-free, centralized intake, advice and referral service for low-income people seeking free legal assistance with civil legal problems.

- **Outside King County:** Call 1-888-201-1014 weekdays from 9:15 a.m. until 12:15 p.m.
- **King County:** Call 211 for information and referral to an appropriate legal

services provider Monday through Friday from 8:00 am – 6:00 pm. You may also call (206) 461-3200, or the toll-free number, 1-877-211-WASH (9274). You can also get information on legal service providers in King County through 211’s website at www.resourcehouse.com/win211/.

- **Persons 60 and Over:** Persons 60 or over may call CLEAR*Sr at 1-888-387-7111, regardless of income.

Callers who are deaf and hard of hearing can call 1-800-833-6384 or 711 to get a free relay operator. They will then connect you with 211 or CLEAR.

Free legal education publications, videos and self-help packets covering many legal issues are available at www.washingtonlawhelp.org.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice. This information is current as of June 2016.

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Superior Court of Washington, County of _____

In re:

Petitioner/s (person/s who started this case):

And Respondent/s (other party/parties):

No. _____

Notice of Hearing
(NTHG)

Clerk's action required: 1

Notice of Hearing

To the Court Clerk and all parties:

1. A court hearing has been scheduled:



for: _____ at: _____ a.m. p.m.
date *time*

at: _____ in _____
court's address *room or department*

_____ *docket / calendar or judge / commissioner's name*

2. The purpose of this hearing is (specify): _____

Warning! If you do not go to the hearing, the court may sign orders without hearing your side.

This hearing was requested by: Petitioner or his/her lawyer Respondent or his/her lawyer

▶ _____
Person asking for this hearing signs here

_____ *Print name (if lawyer, also list WSBA #)* _____ *Date*

I agree to accept legal papers for this case at:

_____ *address*

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

(Optional) email: _____

This does **not** have to be your home address. If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the *Notice of Address Change* form (FL All Family 120). A party must also update his/her *Confidential Information* form (FL All Family 001) if this case involves parentage or child support.

_____ **Court of Washington**
For _____

Petitioner/Plaintiff,
vs.

Respondent/Defendant.

No. _____

**Motion and Declaration For Waiver of
Guardian ad Litem Fee
(MTAF)**

I. Motion

- 1.1 I am the petitioner/plaintiff respondent/defendant in this action.
1.2 I am asking for a waiver of the Guardian ad Litem fee.

II. Basis for Motion

- 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.
2.2. The fees for the Guardian ad Litem appointed by this court on [date] _____ constitute “fees or surcharges the payment of which is a condition precedent to a litigant’s ability to secure access to judicial relief.”
2.3. As outlined below, I am indigent.

Dated: _____

Signature of Requesting Party

Print or Type Name

III. Declaration

I declare that [*check all that apply*]:

3.1 On [date] _____, this court waived my filing fee.

3.2 I receive the following public assistance [*check all that apply*]:

- TANF
- SSI
- SNAP
- ABD benefits

3.3 My household income is below 125% of the federal poverty level.

3.4 I have exceptional financial circumstances [*explain here*]:

(Check if this applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so I can receive a copy of the order once it is signed.

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

<p style="text-align: center;">Court of Washington</p> <hr/> <p>For _____</p>
<hr/> <p style="text-align: right;">Petitioner/Plaintiff,</p> <p style="text-align: center;">vs.</p> <hr/> <p style="text-align: right;">Respondent/Defendant.</p>

No. _____

Order Waiving Guardian ad Litem Fee

Clerk's Action Required 3.1

I. Basis

The court received the motion to waive the Guardian ad Litem fee filed by the
 petitioner/plaintiff respondent/defendant.

II. Findings

The Court reviewed the motion and supporting declaration. Based on the declaration and any relevant records and files, the Court finds:

- 2.1 The moving party is indigent based on the following:
- On [date] _____, this court waived his/her filing fee; and/or
 - S/he receives the following public assistance [*check all that apply*]:
 - TANF
 - SSI
 - SNAP
 - ABD benefits

His/her household income is below 125% of the federal poverty level; and/or

S/he has exceptional financial circumstances [*explain here*]: _____

_____.

2.2 The moving party is not indigent.

2.3 Other: _____

_____.

III. Order

Based on the findings the court orders:

3.1 The court grants the motion.

3.2 The motion is denied.

Dated: _____

Judge/Commissioner

Presented by:

Print or Type Name Date