

**ISLAND COUNTY DISTRICT COURT  
STATE OF WASHINGTON**

1) \_\_\_\_\_,

2) \_\_\_\_\_,

**Petitioner/Plaintiff(s),**

Vs.

1) \_\_\_\_\_,

2) \_\_\_\_\_,

**Respondent/Defendant(s).**

No: \_\_\_\_\_

**Motion and Declaration For Waiver of  
Civil Fees and Surcharges  
(QLSP Filing)  
(MTWVF)**

**Motion and Declaration for Waiver of Civil Fees and Surcharges**

**I. Motion**

1.1 I am ☐ petitioner/plaintiff ☐ respondent/defendant in this action.

1.2 I am asking for a waiver of fees and surcharges under GR 34.

**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. As outlined below, I am indigent.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Print or Type Name

### III. Declaration

I declare that,

- 3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.
- 3.2 In addition to the information in the financial statement, I would like the court to consider the following:

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- ☐ (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that 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

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Financial Statement (Attachment)</b>			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many?      Age(s):			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
<b>4. Other Sources of Income Per Month in my Household:</b>		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
<b>Total Income, lines 3 (take home pay) and 4:</b>		Sub-Total:	\$
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
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>8. My Other Debts with Monthly Payments:</b>	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
<b>Total Household Assets:</b>		<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	\$
<b>Date:</b>		<b>Signature:</b>	

**ISLAND COUNTY DISTRICT COURT  
STATE OF WASHINGTON**

3) \_\_\_\_\_,

4) \_\_\_\_\_,

**Petitioner/Plaintiff(s),**

Vs.

3) \_\_\_\_\_,

4) \_\_\_\_\_,

**Respondent/Defendant(s).**

No: \_\_\_\_\_

**Proposed Motion and Declaration for  
Waiver of Civil Fees and Surcharges  
(QLSP Filing)  
(MTWVF)**

**Order Re Waiver of Civil Fees and Surcharges**

(This Order is For Court Use)

**I. Basis**

The court received the motion to waive fees and surcharges filed by or on behalf of the  
☐ petitioner/plaintiff ☐ respondent/defendant.

**II. Findings**

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

2.1 ☐ The moving party is indigent based on the following: They:

- ☐ are represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
- ☐ receive benefits from one or more needs-based, means-tested assistance programs; and/or
- ☐ have household income at or below 125% of the federal poverty guideline; and/or
- ☐ have household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
- ☐ other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2.2 ☐ The moving party is not indigent.

2.3 ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### III. Order

Based on the findings the court orders:

3.1 ☐ The motion is granted, and

☐ all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.

☐ other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3.2 ☐ The motion is denied.

Dated: \_\_\_\_\_

**Judge/Commissioner**

Presented by:

\_\_\_\_\_  
Signature of Party or Lawyer/WSBA No.

\_\_\_\_\_  
Print or Type Name                      Date