

**INSTRUCTIONS FOR
MOTION DECLARATION & ORDER FOR WAIVER OF CIVIL FILING FEES AND SURCHARGES - 2024**

If you believe that you are unable to afford the filing fee and surcharges in your family law or other type of court case, you may request that the Court waive them. In determining whether the fees should be waived, the Court will apply a financial availability table based on 125% of the Federal Poverty Standard (see below). If there is a joint petition in a family law matter, your income will be added to your spouse's income in determining eligibility for a fee waiver.

Family Size	1	2	3	4	5	6	7	8	9 or more
Maximum Monthly Income (Net)	\$1,569	\$2,104	\$2,639	\$3,174	\$3,709	\$4,244	\$4,779	\$5,314	Add \$535 for each Additional Person
Maximum Annual Income (Net)	\$18,828	\$25,248	\$31,668	\$38,088	\$44,508	\$50,928	\$57,348	\$63,768	Add \$6,420 For each Additional Person

FORMS TO USE: This Court has standard forms for obtaining fee waivers, which you are to use even though you may have obtained similar forms elsewhere. The forms are available at no cost from the Law Library or the Clerk's Office (Room 110).

- **Motion & Declaration for Waiver of Civil Filing Fees & Surcharges with Financial Statement**
- **Order for Waiver of Civil Filing Fees and Surcharges**

INSTRUCTIONS:

1. Fill out all forms **COMPLETELY**. Be sure to **SIGN** and **DATE**:

- **Motion & Declaration for Waiver & Financial Statement**
- **Order for Waiver**

2. Take the completed forms to **Commissioner Services Department, Room 110-14** (In Room 110, by the main entrance), and give the paperwork to the staff to check you in. Then proceed to the **Ex Parte Department, Room 105** to have the Commissioner review your request and sign your order.

Ex Parte Department Business Hours:

Monday through Friday: 9:00 AM to 11:00 AM & 1:30 PM to 3:30 PM

- If the Commissioner signs the Order, you will be able to file your case without paying the filing fee. **This fee waiver may not cover all costs involved in a Family Law Case.** You or the opposing party may be required to pay the remaining filing fee at a later date if your financial situation has changed, there is a joinder to the petition, or if the order otherwise provides.
- If the waiver is denied, you will be required to pay the filing fee (**in cash or with debit card**) to file your case.

3. After the Court signed your Orders, you must take all your case initial forms to the Clerk's Office (Rm 110).

***** DO NOT REMOVE SIGNED ORDERS FROM THE COURTHOUSE *****

***** YOU MUST FILE ONLY ORIGINAL DOCUMENTS IN THE COURT FILE *****

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

No. _____

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

I. Motion

- 1.1 I am the [] 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:

(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: _____

Financial Statement (Attachment)			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many? Age(s):			
3. My Monthly Income:		6. My Monthly Household Expenses:	
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:	\$
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):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
Total Income, lines 3 (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 Expenses and Debts, lines 6, 7, and 8:	\$
Date:			Signature:

Superior Court of Washington For Pierce County	
_____	Petitioner/Plaintiff,
	vs.
_____	Respondent/Defendant.

No. _____

Order Re Waiver of Civil Fees and Surcharges
 Granted (ORPRFP)
 Denied (ORDYMT)
 Clerk's Action Required 3.1

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: He or she:
- is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - receives benefits from one or more needs-based, means-tested assistance programs; and/or
 - has household income at or below 125% of the federal poverty guideline; and/or
 - has 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