

**Superior Court of Washington
For Pierce County, Juvenile Division**

No. _____

Petitioner/Plaintiff,

vs.

Respondent/Defendant.

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

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: _____		