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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF _____**

THE STATE OF WASHINGTON,

Plaintiff,

vs.

Defendant.

No. _____

DECLARATION OF DEFENDANT

I, _____ declare as follows:

1. I am the Defendant in this matter.
2. I have thoroughly inspected the case file and all documents therein.
3. The exhibits attached hereto are true and correct copies of the originals found in the case file.
4. I request that the court enter an order to _____

_____ for the following reasons:

I do not have the ability to pay my LFOs because:

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I am indigent as described in court rule GR 34. I receive assistance from the following needs based or means tested programs: _____

My gross income is \$_____ a month. () I am at or below 125% of the federal poverty level. () My income is above 125% of the federal poverty line but I have recurring basic living expenses that make me unable to pay my legal financial obligations.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing statement is true.

Signed in _____ (city), Washington on _____ (date).

Defendant's Signature

Defendant's Name: