

District Court MOTION and Financial Declaration (Confidential)You must provide proof of income/support and expenses (*screen shots are permissible*) RCW9.94A.760(7)(b)

Defendant: _____

Case Number(s): _____

Spouse: _____

Address: _____

Phone: _____

Email: _____

Name & Relationship of DEPENDENTS (only list if live with & supported by YOU)	DOB

Presumptive Indigency:

Supplemental Security Income SSI	\$
Aged, Blind, Disabled ABD	\$
Medicaid (is based upon indigency)	Yes / No
Medical Care Services MCS (for ABD non-citizens)	Yes / No

STOP HERE- PRESUMPTIVE INDIGENCY**Indications of Indigency:****Mthly Amount**

Food Asst Benefits (Food Stamps)	\$
Suppl Nutrition Asst Program SNAP	\$
Temp Assist Needy Families TANF	\$
Housing & Essential Needs HENS	\$
Pregnant Women Assist PWA	\$
Refugee Resettlement	\$
Refugee Cash Assistance RCA	\$
Charities/COVID Program _____	\$
Other (specify) _____	\$

Income**You****Spouse**

Take Home Pay (after all deductions)	\$	\$
Child Support Received	\$	-----
Soc Sec Disab Insur SSDI (earned)	\$	\$
VA Benefits (benefits earned)	\$	\$
Retirement/Social Security payments	\$	\$
Unemployment	\$	\$
Total Income	\$	\$

Monthly Expenses**Amount**

Food (not covered by food assistance)	\$
Toiletries/Clothing	\$
Rent/Mortgage (your portion only)	\$
Past Due Rent (your portion only)	\$
Utilities (your portion only): Gas/Electricity	\$
Water/Sewer/Garbage	\$
Phone/Internet (your portion only)	\$
Transportation - Bus	\$
Gasoline	\$
Insurance - House and Auto	\$
Court required Treatment/MRT Cost	\$
PAR/Valley Empire Payments	\$
Garnishment Amounts	\$
Medical/Dental Costs (only if actively paying)	\$
Past Due Medical/Dental (actively paying)	\$
Medication/Prescription Costs	\$
Student Loans (if actively paying)	\$
Child Care (if employed/in school)	\$
Child Support (if actively paying)	\$
Other (specify)	\$
Total Monthly Expenses	\$

Liquid Assets:**Amount**

Bank Savings (include joint accts)	
Equity in Home	
Equity in Vehicles/Boats/RV/Snowmobiles	
Stocks, Bonds, Certificates of Deposit	

EMPLOYER: List: Employer Name Your Job Title Full/Part Time **Must Provide copies of last 2 pay stubs**

List information about employment or lack of and other information to assist the court:

I understand that I am under oath and must respond truthfully, honestly, completely and provide information concerning earning capabilities past, present and future, and to list all financial assets. Failure to comply may result in a new criminal charge. I understand I am required to keep the Court notified, in writing, of my current address and contact information. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on _____ (Date) at _____ (City and State)

Applicant's Signature: _____ Print Name: _____