

**KITSAP COUNTY DISTRICT COURT
STATE OF WASHINGTON**

<p>_____, Petitioner, v. ANIMAL CONTROL KITSAP HUMANE SOCIETY, Respondent.</p>	<p>No. _____ ANIMAL CIVIL LAWSUIT MOTION FOR WAIVER OF FEES</p>
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1. LITIGANT CONFIDENTIAL INFORMATION FORM

IMPORTANT NOTICE – District Court needs information about every party involved in a case so the court can accurately identify the parties and be able to contact them.

If you have not already done so, please complete a Litigant Confidential Information Form and provide it to the court. You should also use the form to update information previously provided to the court. The form is available at many locations on the District Court website (www.kitsap.gov/dc).

2. MOTION

- 2.1 I am the Petitioner in this case.
- 2.2 I am asking for a waiver of fees and surcharges under General Rule 34.

3. BASIS FOR MOTION

General Rule 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 in my Declaration below, I am indigent.

4. DECLARATION

- 4.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court.

- 4.2 I currently receive the following assistance (check all that apply) –
- Federal Temporary Assistance for Needy Families (TANF)
 - State-provided general assistance for unemployable individuals (GA-U or GA-X)
 - Federal Supplemental Security Income (SSI)
 - Federal poverty-related veteran’s benefits
 - Food Stamp Program (FSP)
 - Medicaid
 - Pregnant Women Assistance Benefits
 - Refugee Settlement Benefits
 - Aged, Blind or Disabled Assistance Program

[Note – You do not need to complete the attached Financial Statement if you receive assistance from any program listed in paragraph 4.2.]

- 4.3 I do not currently receive assistance from any program listed in paragraph 4.2. Please see the attached Financial Statement, which I incorporate as part of this Declaration.

[Note – You must complete the attached Financial Statement if you do not currently receive assistance from any program listed in paragraph 4.2.]

- 4.4 In addition to the above, I would like the court to consider –

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that I am the person whose name I typed (or written) below.

SIGNED at (city) _____, (state) _____ on (date) _____.

/s/ Signed Electronically

[Note – By typing your name, you intend to sign electronically and agree your electronic signature is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.]

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:	