

**Superior Court of Washington  
For Klickitat County**

No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner/Plaintiff,  
vs.

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

\_\_\_\_\_  
Respondent/Defendant.

### 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:

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(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):			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
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:	\$
<b>4. Other Sources of Income Per Month in my Household:</b>		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:	\$
<b>Total Income, lines 3 (take home pay) and 4:</b>		Sub-Total:	\$
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
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):	\$	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
<b>Total Household Assets:</b>		<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	
\$		\$	
Date:		Signature:	