

Motions for Waiver of Interest

1. Fill out the attached motion form with your request for waiver of interest and complete the attached Financial Declaration.
2. File the completed forms at the Clerk's Office Criminal Counter. The original motion will be filed in the court file.
3. The clerk will make a copy to send to the collections unit for review. You will be notified by the Collections Unit if any further information is needed.
4. The collections unit staff will present the motion on the next payment review docket for determination by the court, and you will be notified of the Court's decision within 2 to 3 weeks. You do not need to appear in court.

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

STATE OF WASHINGTON,

vs.

Defendant.

No. _____

Request / Motion for _____

(MT)

Comes now the defendant, _____ and requests / moves the Court to

Signature of Defendant

Print or Type Name

Address: _____

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

STATE OF WASHINGTON,

Plaintiff,

vs.

Defendant.

No.

**Financial Declaration
(FNDCLR)**

Name: _____ Date of Birth: _____

I. Summary of Basic Information

Declarant's Total Monthly Net Income (from § 3.3 below) \$ _____

Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ _____

Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ _____

Declarant's Total Monthly Expenses (from § 5.12 below) \$ _____

II. Personal Information

2.1 Occupation: _____

2.2 The highest year of education completed: _____

2.3 Are you presently employed? [] Yes [] No

a. If yes: (1) Where do you work. Employer's name and address must be listed on the Confidential Information Form.

(2) When did you start work there (month/year)? _____

b. If no: (1) When did you last work (month/year)? _____

(2) What were your gross monthly earnings? \$ _____

(3) Why are you presently unemployed?

III. Income Information

3.1 Gross Monthly Income

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

- a. Wages and Salaries \$ _____
- b. Interest and Dividend Income \$ _____
- c. Business Income \$ _____
- d. Spousal Maintenance Received
From _____ \$ _____
- e. Other Income \$ _____
- f. Total Gross Monthly Income (add lines 3.1a through 3.1e) \$ _____
- g. Actual Gross Income (Year-to-date) \$ _____

3.2 Monthly Deductions From Gross Income

- a. Income Taxes \$ _____
- b. FICA/Self-employment Taxes \$ _____
- c. State Industrial Insurance Deductions \$ _____
- d. **Mandatory** Union/Professional Dues \$ _____
- e. Pension Plan Payments \$ _____
- f. Spousal Maintenance Paid \$ _____
- g. Normal Business Expenses \$ _____
- h. Total Deductions from Gross Income
(add lines 3.2a through 3.2g) \$ _____

3.3 Monthly Net Income \$ _____

3.4 Miscellaneous Income

- a. Child support received from other relationships \$ _____
- b. Other miscellaneous income (list source and amounts)

_____ \$ _____

c. Total Miscellaneous Income (add lines 3.4a through 3.4b) \$ _____
3.5 Income of Other Adults in Household \$ _____

IV. Available Assets

4.1 Cash on hand \$ _____
4.2 On deposit in banks \$ _____
4.3 Stocks and bonds, cash value of life insurance \$ _____
4.4 Other liquid assets: \$ _____

V. Monthly Expense Information

Monthly expenses for myself and _____ dependents are:

5.1 Housing

Rent, 1st mortgage or contract payments \$ _____
Installment payments for other mortgages or encumbrances \$ _____
Taxes & insurance (if not in monthly payment) \$ _____
Total Housing \$ _____

5.2 Utilities

Heat (gas & oil) \$ _____
Electricity \$ _____
Water, sewer, garbage \$ _____
Telephone \$ _____
Cable \$ _____
Other \$ _____
Total Utilities \$ _____

5.3 Food and Supplies

Food for _____ persons \$ _____
Supplies (paper, tobacco, pets) \$ _____
Meals eaten out \$ _____
Other \$ _____
Total Food Supplies \$ _____

5.4 Children

Day Care/Babysitting \$ _____
Clothing \$ _____
Tuition (if any) \$ _____
Other child-related expenses \$ _____
Total Expenses Children \$ _____

5.5 Transportation

Vehicle payments or leases \$ _____
Vehicle insurance & license \$ _____
Vehicle gas, oil, ordinary maintenance \$ _____
Parking \$ _____
Other transportation expenses \$ _____
Total Transportation \$ _____

5.6 Health Care (Omit if fully covered)

Insurance \$ _____
Uninsured dental, orthodontic, medical, eye care expenses \$ _____
Other uninsured health expenses \$ _____
Total Health Care \$ _____

5.7 Personal Expenses (Not including children)

Clothing \$ _____
Hair care/personal care expenses \$ _____
Clubs and recreation \$ _____
Education \$ _____
Books, newspapers, magazines, photos \$ _____
Gifts \$ _____
Other \$ _____
Total Personal Expenses \$ _____

5.8 Miscellaneous Expenses

Life insurance (if not deducted from income) \$ _____
Other _____ \$ _____
Other _____ \$ _____
Total Miscellaneous Expenses \$ _____

5.9 Total Household Expenses (The total of Paragraphs 5.1 through 5.8) \$ _____

5.10 Installment Debts Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.11 Other Debts and Monthly Expenses not Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>	<u>Amount of Monthly Payment</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Monthly Payments for Other Debts and Monthly Expenses				\$ _____

5.12 Total Expenses (Add Paragraphs 5.9 and 5.11) \$ _____

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 of Declarant

Print or Type Name

Address: _____

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