

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF GRANT**

STATE OF WASHINGTON (Plaintiff))	CASE NUMBER
)	
)	MOTION, AFFIDAVIT
)	AND ORDER
)	IN FORMA PAUPERIS
_____)	
(Defendant)		

I. MOTION

- 1.1 I, _____, Petitioner herein, move the Court for an Order authorizing me to proceed In Forma Pauperis (at public expense) and direction the Clerk of the Court of Limited Jurisdiction, without payment of a filing fee.
- 1.2 The following affidavit, together with files and records herein, is made in support of this Motion.
- 1.3 I understand that any statement that I make in the following affidavit may be used against me.

Dated _____ Signature _____

II. Affidavit

- 2.1 I, _____, am Petitioner/Appellant herein.
- 2.2 Appeal from Court of Limited Jurisdiction.
- 2.3 I am financially unable to pay a filing fee without causing substantial hardship to myself or family.
- 2.4 I declare under penalty of perjury that the following information is true and is intended to be relied upon by the court in determining my eligibility for filing at public expense.

III. FINANCIAL STATEMENT

3.1 GENERAL INFORMATION

(a) Name _____ (c) Social Security _____

(b) Address _____ (e) Date of Birth _____

 (City) (State/Zip Code)

(f1) Name and Address of Your Employer _____

 Length of Employment _____ Occupation _____

(f2) Name and Address of Spouse's Employer _____

 Length of Employment _____ Occupation _____

3.2. INCOME AND ASSETS

(a) Personal gross monthly income _____

(b) Spouse's gross monthly income _____

(c) Other income _____

(d) Cash on hand _____

(e) Home (cash value less amt owing) _____

(f) Auto(cash value less amt, owing) _____

(g) Furniture (approx value) _____

(h) Notes, mortgage, trust, deeds _____

(i) Stocks, bonds (approx. value) _____

(j) Persons whom you financially support

- Spouse []
- Children [] ages _____
- Other []

Total _____

EXPENSES AND DEBTS

(a) Monthly living expense (itemize)

Rent or mortgage _____

Food _____

Utilities _____

Transportation _____

Installment payments _____

Medical & Dental _____

Insurance _____

Other _____

(b) DEBTS Amount owing

- _____
- _____
- _____
- _____
- _____

Total _____

3.3 I certify under penalty of perjury under the Laws of the State of Washington that I have read the foregoing statements in the Affidavit, known the contents thereof, and believe them to be true and correct.

Dated this _____ day of _____

 Signature Signature

ORDER

It is hereby ordered that:

The petitioner is permitted to proceed without payment of the filing fee.

The petition is denied.

Dated this _____ day of _____

Judge/Court Commissioner