

DISTRICT COURT OF WASHINGTON FOR GRANT COUNTY	
_____	Plaintiff
vs.	
_____	Defendant

NO.
**MOTION, AFFIDAVIT AND ORDER
IN FORMA PAUPERIS FOR APPEAL**
CONFIDENTIAL

I. MOTION

- 1.1 I, _____, Petitioner herein, move the Court for an Order authorizing me to proceed In Forma Pauperis (at public expense), without payment of the filing fee preparation 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 the fee(s) 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

1. Place an "x" next to any of the following types of assistance you receive:

- | | |
|--|--|
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Poverty Related Veterans' Benefits |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Refugee Settlement Benefits |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Disability Lifeline Benefits |
| <input type="checkbox"/> Other – Please Describe _____ | |

2. Do you work or have a job? yes no. If so, monthly take-home pay: \$ _____

Occupation: _____ Employer's name & phone #: _____

3. Do you have a spouse or state registered domestic partner who lives with you? yes no

Does she/he work? yes no If so, monthly take-home pay: \$ _____

Employer's name: _____

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation? yes no

If so, which one? _____ Amount: \$ _____

5. Do you receive money from any other source? yes no If so, how much? \$ _____

6. Do you have children residing with you? yes no. If so, how many? _____

7. Including yourself, how many people in your household do you support? _____

8. Do you own a home? yes no. If so, value: \$ _____ Amount owed: \$ _____

9. Do you own a vehicle(s)? yes no. If so, year(s) and model(s) of your vehicle(s): _____ Amount owed: \$ _____

10. How much money do you have in checking/saving account(s)? \$ _____

11. How much money do you have in stocks, bonds, or other investments? \$ _____

12. How much are your routine living expenses (rent, food, utilities, transportation) \$ _____

13. Other than routine living expenses such as rent, utilities, food, etc., do you have other expenses such as child support payments, court-ordered fines or medical bills, etc.?

If so, describe:

14. Do you have money available to hire a private attorney? yes no

15. ***Please read and sign the following:***

**I understand the court may ask for verification of the information provided above.
I agree to immediately report any change in my financial status to the court.**

I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)

Signature Date

City State

ORDER

It is hereby ordered that:

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

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

The petition is denied.

Dated this _____ day of _____

Judge/Court Commissioner