Superior Court of Washington, County of Spokane

<u>State of Washington</u> Plaintiff, vs.	,	No. Petition re: Legal Financial Obligations
Defendant. PCN/TCN: SID:	DOB,	(PT)

Petition re: Legal Financial Obligations

Use this form to request that your legal financial obligations (LFOs) be waived, reduced, pulled from collections, converted to community restitution hours, or to modify a payment plan.

The undersigned requests that the sentencing court grant an order that will (check the boxes that apply):

- 1. Interest (Check all that apply)
 - [] **LFO Interest**. Waive all unpaid interest on my LFOs that are not restitution. (RCW 10.82.090(2)(a).)
 - [] **Restitution Interest**. I have paid the principal of my restitution in full. All that remains of my restitution obligation is interest. I ask that the court waive or reduce the remaining interest on my restitution as an incentive for me to pay my remaining LFOs. (RCW 10.82.090(2)(b).)
- 2. LFOs that are not restitution (Check all that apply)
 - [] Remission or Reduction. Waive or reduce all unpaid discretionary LFOs. (RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180(5); RCW 46.63.190.)
 - [] Additional Time. Grant me additional time to pay my unpaid LFOs. (RCW 9.94A.6333(3)(f); RCW 10.01.170(1); RCW 10.01.180(5); RCW 46.63.190.)
 - [] **Collection**. Remove my unpaid LFOs from collection and waive all collection fees. (RCW 19.16.500(1)(b); RCW 36.18.190.)
 - [] **Community Restitution.** Convert any unpaid discretionary LFOs that are not restitution to community restitution/service hours through a community restitution program. (RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180(5); RCW 46.63.190.)

3. Declaration

I am the defendant in the above action and declare that I have been released from total confinement on this matter: (*Check all that apply*)

- [] I have paid my restitution in full.
- [] I am indigent because:
- I am receiving one of the following types of public assistance: temporary assistance for needy families, aged, blind, or disabled assistance benefits, medical care services under RCW 74.09.035, pregnant women assistance benefits, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid (for example, Apple Health), or supplemental security income. (RCW 10.101.010(3)(a); GR 34(a)(3)(A).) I am receiving the following forms of public assistance:
 - [] I am involuntarily committed to a public mental health facility. (RCW 10.101.010(3)(b).)
 - [] I am receiving an annual income, after taxes, of 125% or less of the current federally established poverty level. (RCW 10.101.010(3)(c); GR 34(a)(3)(B).)
 - [] I am receiving an annual income, after taxes, of more than 125% of the federally established poverty level but I have recurring basic living expenses making me unable to pay the LFOs imposed. (GR 34(a)(3)(C).) Details:
 - [] Other compelling circumstances exist that demonstrate my inability to pay fees and/or charges. (GR 34(a)(3)(D).) Details:
- I am homeless. (RCW 9.94A.6333(3)(d); RCW 9.94A.760(11); RCW 10.01.180(1)(c).)
- [] I am not able to complete community restitution hours because:
- [] I have not paid my LFOs in a timely manner. However, my late payment(s) or failure to pay was/were not willful because:

[] **OPTIONAL**: I have attached my financial case history report from the court clerk. I request:

[] the court rule without a hearing.

[] a hearing by [] telephone [] video conference [] in court appearance.

4. I mailed or delivered this Petition, Declaration and proposed Order to the Court on *(date)*______and to the Prosecuting Attorney on *(date)*_____.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at <i>(city)</i>	, (state)	on <i>(date)</i>	
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Signature of Defendant

Print Name

Dated:

Defendant's Attorney/WSBA No.

Print Name