

\_\_\_\_\_ Court of Washington, County/City of \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff.

vs.

\_\_\_\_\_,  
Defendant.

DOB: \_\_\_\_\_

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

**Petition re: Legal Financial Obligations  
(PT)**

### **Petition re: Legal Financial Obligation**

*Use this form to ask the Court to waive or reduce the amount you owe, or to remove your Legal Financial Obligations (LFOs) from collections. Please fill out any sections that might apply to your case. After you fill out this form, you should also fill out a proposed order for the judge to sign. That form is called "Order re: Legal Financial Obligations." You must fill out a separate copy of both forms for each case you have.*

The undersigned requests that the sentencing court grant an order that will:

#### **1. Jurisdiction**

*If it has been more than 10 years since you were convicted in this case or completed the jail/prison term imposed at your sentencing, the court may be required to cancel some or all of your LFOs. By completing this section, you are asking the court to review whether it is required to cancel any of your LFOs.*

*You should check the first box if it has been more than 10 years since you completed the jail/prison term imposed at your sentencing. If you were sent back to jail or prison for violating probation or community custody, this does not restart the 10-year period. If you have spent time in jail or prison in the past 10 years, but it was not related to this conviction, you can still check the first box.*

*You should check the second box if you were not sentenced to jail or prison time in this case. If you have spent time in jail or prison in the past 10 years, but it was not related to this conviction, you can still check the second box.*

*You should check the third box if it has been fewer than 10 years since you completed the jail/prison term imposed at your sentencing.*

*If you were convicted of Rape of a Child, which resulted in pregnancy, your case has special rules and you should contact an attorney.*

I declare, to the best of my knowledge, that more than 10 years have passed since I completed the jail or prison sentence (total confinement) imposed *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. (RCW 3.66.120; RCW 6.17.020(4); 9.94A.760(5); RCW 9.94A.753(4); 9.94A.760(5); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008)).

I declare, to the best of my knowledge, that I did not receive a jail or prison sentence (total confinement) *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. (RCW 3.66.120; RCW 6.17.020(4); 9.94A.760(5); RCW 9.94A.753(4); 9.94A.760(5); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008)).

I declare, to the best of my knowledge, that fewer than 10 years have passed since I completed the jail or prison sentence (total confinement) imposed *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. (RCW 3.66.120; RCW 6.17.020(4); 9.94A.760(5); RCW 9.94A.753(4); 9.94A.760(5); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008)).

## 2. Reduce or Waive LFOs

### A. LFO Relief Available Regardless of Ability to Pay (*Check all that apply*)

*Anyone filling out this form may ask for relief in Part A.*

**Collection.** I request that the court remove my unpaid LFOs from collection and waive all collection fees. RCW 19.16.500(1)(b); RCW 36.18.190; GR 39.

**LFO Interest.** I request that the court waive all unpaid interest on my LFOs that are not restitution. RCW 10.82.090(3)(a).

**DNA Fee.** I request that the court waive the DNA fee. RCW 43.43.7541(2).

**Restitution Interest After Payment of Original Amount Owed (Principal Balance).** I have paid the original amount owed (principal balance) of my restitution in full. All that remains of my restitution obligation is the added (accrued) interest. I ask that the court waive or reduce the remaining interest on my restitution. RCW 10.82.090(3)(b)

### B. LFO Relief Due to Inability to Pay (Indigence)

*You can complete this section regardless of whether you completed Part A. However, you may only ask for relief in this section if you are unable to pay. If you don't know whether you are considered unable to pay, you can review the criteria, below in Section 3 (Declaration of Inability to Pay (Indigence)). If you check one of the boxes in that section, you are considered unable to pay.*

**Waiver or Reduction of LFOs.** I request that all unpaid optional (discretionary) LFOs be waived or reduced. RCW 7.68.035(5); RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180(5).

**Restitution Owed To An Insurer or State Agency.** I request that the court waive or reduce restitution and added (accrued) interest owed to an insurer or a state agency (other than the Department of Labor and Industries). RCW 3.66.120; RCW 9.94A.750, .753; RCW 9.92.060, 760; RCW 9.95.210.

**Restitution Interest After Release from Total Confinement.** I declare that I have been released from jail or prison (total confinement). I ask that restitution interest that accrued during my confinement be reduced or waived. (RCW 10.82.090)

Date I entered jail or prison in this case: \_\_\_\_\_

Date I was released from jail or prison in this case: \_\_\_\_\_

**3. Declaration of Inability to Pay (Indigence)**

*You should complete this section if you completed the previous section—"2(b) Waive or Reduce LFOs Due to Inability to Pay (Indigence)". You only need to meet one of the following criteria to be considered unable to pay. However, in order to give a full picture of your inability to pay to the court, please check all boxes that apply to your life.*

I declare that I have not had enough money to pay all my LFOs and, because of this, my failure to pay them has not been willful. I declare that I am indigent (do not have the ability to pay) because:

I am receiving one of the following types of public assistance (RCW 10.01.160(3)(a)):

Food stamps or food stamp benefits transferred electronically (EBT);

Medicaid (for example, Apple Health);

Supplemental Security Income (SSI);

Temporary Assistance for Needy Families (TANF);

Aged, Blind, or Disabled assistance benefits (ABD);

Pregnant women assistance benefits;

Poverty-related veterans' benefits;

Refugee resettlement benefits; or

Medical care services under RCW 74.09.035;

I am homeless. (RCW 10.01.160(3)(b)).

I have an acute, chronic, or serious mental illness. (RCW 10.01.160(3)(b)).

I am receiving an annual income, after taxes, of 125% or less of the current federally established poverty level. (RCW 10.01.160(3)(a)). *You can find the income limits (federally established poverty level) at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; 125% of the federal poverty level can be found here: <https://www.courts.wa.gov/forms/?fa=forms.contribute&formID=82>.*

I am receiving an annual income, after taxes, of *more* than 125% of the federally established poverty level but I have living expenses making me unable to pay the LFOs imposed. (RCW 10.01.160(3)(c)). *You can find the income limits (federally established poverty level) at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.*

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other compelling circumstances exist that explain my inability to pay my LFOs. (RCW 10.01.160(3)(d); RCW 13.40.192). Details:

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**4. Process for Paying Any LFOs That Will Remain**

*You should fill out this section if you might have LFOs remaining even if the court offers you the relief you have asked for in this petition. For example, if you owe restitution or a mandatory LFO, you may have LFOs remaining after the court rules on your motion. If you aren't sure if you will have LFOs remaining, please fill out this section.*

*You should check the box requesting additional time if you don't believe you could immediately pay whatever LFOs that remain in a single payment. When filling out this section, you can list any amount that you can afford to pay each month.*

*If your only source of income is from Social Security (retirement, disability, etc.), child support payments, or Department of Veterans Affairs (VA) payments, you are not required to pay any remaining LFOs. In this situation, you will continue to owe your LFOs, but the Court will not require you to make payments or send your account to collections. In the future, if you obtain income from another source, you will be required to pay your remaining LFOs. If your only source of income is from Social Security, child support, or VA payments, you should not check the box below titled "Additional Time and Payment Plan."*

**Additional Time and Payment Plan.** I request additional time to pay any remaining LFOs and that I be placed on a payment plan that I can afford directly through the clerk. I can afford to pay \$\_\_\_\_\_ per month. RCW 9.94A.6333(3)(f); RCW 10.01.170(1); RCW 10.01.180(5).

**Protected Source of Income.** I do not have the ability to pay and request that the court not engage in any active efforts to collect any remaining LFOs. *City of Richland v. Wakefield*, 186 Wn.2d 596, 607, 380 P.3d 459, 465 (2016). My only income is:

- Social Security benefits (retirement, disability, etc.);
- Child support payments; or
- Benefits from the Department of Veterans Affairs

**5. Other Relief**

*Please fill out this section if you would like to request any other relief not included above.*

In addition to the relief requested above, I request that the court:

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**6. Hearing**

You can ask the court to hold a hearing with you present or to decide this motion without a hearing. Please select either box A or box B, but not both. If you check box B, please check which type of hearing you would be able to attend.

**A. No Hearing.** I request that the court rule on my petition without a hearing.

**B. Hearing.** I ask that the court hold a hearing on my petition. I request to appear at the hearing:

Via video conference or telephone; or

In-person.

**7. Declaration of Service**

You must deliver a copy of this form and the form titled "Order re: Legal Financial Obligations" to the prosecutor. If your case is in Superior or District Court, the prosecutor will be the county prosecuting attorney's office (for example, Pierce County Prosecuting Attorney's Office). If your case is in municipal court, the prosecutor will be the city attorney's office (for example, Tacoma City Attorney's Office).

You should contact the prosecutor or city attorney's office, explain that you are filing a motion to reduce your legal financial obligations, and ask them how to send them ("serve") the forms. After you send them the forms, you can complete this section. Next, you should then call the court and ask them how to file your forms with the court. You should then file your forms with the court.

I mailed or delivered this Petition and a Proposed Order to the Prosecuting Attorney on (date) \_\_\_\_\_.

I declare, under penalty of perjury under the laws of the State of Washington, that the facts I have provided on this form are true.

Signed at (City) \_\_\_\_\_, (State) \_\_\_\_\_ on (Date) \_\_\_\_\_

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Print Name

The following is my contact information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Street Address or PO Box City State Zip

**Lawyer (if any) fills out below:**



\_\_\_\_\_  
Lawyer signs here Print name and WSBA No. Date

\_\_\_\_\_  
Lawyer's Street Address or PO Box City State Zip

Email (if applicable): \_\_\_\_\_