

2. Reduce or Waive LFOs

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

- 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)

- 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)

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:

4. Process for Paying Any LFOs That Will Remain

- 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

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

6. Hearing

- 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

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): _____