

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

**Washington 州法院，县/市**

<p>_____ Petitioner/Plaintiff, 原告/申诉人</p> <p>vs. 与.</p> <p>_____ Respondent/Defendant. 被告/被申诉人</p>	<p>No. _____ 案件编号:</p> <p><b>Order Re Waiver of Civil Fees and Surcharges</b> 民事诉讼费和附加费免缴动议及声明</p> <p><input type="checkbox"/> Granted (ORPRFP) 批准 (ORPRFP)</p> <p><input type="checkbox"/> Denied (ORDYMT) 驳回 (ORDYMT)</p> <p><input type="checkbox"/> Clerk's Action Required 3.1 要求书记员进行记录 3.1</p>
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**I. Basis**

理由

The court received the motion to waive fees and surcharges filed by or on behalf of the  
 petitioner/plaintiff  respondent/defendant.

法院收到了由 原告/申诉人 被告/被申诉人或其代表提出的诉讼费用及附加费免缴动议。

**II. Findings**

调查结果

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

法院审查了动议和声明。根据声明和相关记录及文件，法院认定：

2.1  The moving party is indigent based on the following: He or she:

基于以下几点，动议方无力交纳诉讼费： 他或她：

is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or

由合格法律援助提供者代表，该法律代表审核发现申请人有资格获得民事诉讼费免缴援助服务；和/或

receives benefits from one or more needs-based, means-tested assistance programs; and/or  
获得一个或多个基于需求、经过经济状况审核的援助计划提供的福利；和/或

has household income at or below 125% of the federal poverty guideline; and/or  
家庭收入等于或低于美国联邦贫困线的 125%；和/或

has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or  
家庭收入超过美国联邦贫困线的 125%，但不能满足同时支付基本家庭生活开支和诉讼费用和/或附加费；和/或

other: \_\_\_\_\_  
其他：\_\_\_\_\_  
\_\_\_\_\_。

2.2  The moving party is not indigent.  
动议方有能力支付诉讼费。

2.3  Other: \_\_\_\_\_  
其他：\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_。

**III. Order**  
**判决**

Based on the findings the court orders:  
根据调查结果，法院判决：

3.1  The motion is granted, and  
该动议获得批准，且

all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.  
免除动议方所有为了获得司法救助需要缴纳的诉讼费及附加费。

[ ] other: \_\_\_\_\_  
其他:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_。

3.2 [ ] The motion is denied.  
动议被驳回。

Dated: \_\_\_\_\_  
日期:

\_\_\_\_\_  
**Judge/Commissioner**  
法官/专员

Presented by:  
法律代表:

\_\_\_\_\_  
Signature of Party or Lawyer/WSBA No.  
当事人或律师签名/WSBA 编号:

\_\_\_\_\_  
Print or Type Name                      Date  
正楷姓名                                  日期