91092-8

	Washington State Supreme Court JAN 09 2015 Ronald R. Carpenter Clerk
SUPTEME Court of Washington For Washington State	
Ryan D Firoved Petitiquer/Plaintiff,	No. <u>91092-8- Cheryl Firove</u> d J Ryan D Firod Caurtol Appeals 71697-2-I Motion and Declaration For Waiver of
Chery CFirove J Respondent/Defendant.	Civil Filing Fees and Surcharges (MTAF)

I. Motion

- 1.1 I am the 🙀 petitioner/plaintiff [] respondent/defendant in this action.
- 1.2 I am asking for a waiver of all filing fees and surcharges.

II. Basis for Motion

2.1. GR 34 allows the court to waive "filing fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Dated: 1/5/15

Signature of Requesting Party Print or Type Name

III. Declaration

I declare that,

3.1 I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.

Mt and Decl for Civil Fee Waiver (MTAF) - Page 1 of 2 WPF GR 34.0100 (2/2011) - GR 34 3.2 In addition to the information in the financial statement I would like the court to consider the following:

Job	10	Prison	<u> </u>	have	no	in come	_0/	p/150
				·····				
<u></u>		<u></u>		- <u> </u>	<u></u>			

[] (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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

Signed at (city) Connell	, (state) <u>WA</u> on (date) <u>1/5/15</u>
Ry Fl Signature	Ryan D Firoved
Signature	Print or Type Name

Case Name:_____ Case Number:_____

	Financial Stater	nent (Attachment)			
1. My name is: Ryan Fi	inver				
2. [] I provide support to peo	ple who live with me	: How many? Age(s):			
3. My Monthly Income:		6. My Monthly Household Expenses:			
Employed [] Unemploy	ed [X]	Rent/Mortgage:	\$ 0		
Employer's Name:		Food/Household Supplies:	\$ -0		
Gross pay per month (salary or hourly pay):	\$ 0	Utilities:	\$ 0		
Take home pay per month:	\$ A	Transportation:	\$ 0		
 Other Sources of Income/ Month in my Household an Household: 		Ordered Maintenance actually paid:	\$-0-		
Source: SPOUSE/PARTNER	\$	Ordered Child Support actually paid:	\$.		
Source: RESPONDENT	\$	Clothing:	\$ 0		
Source:	\$	Child Care:	\$ D		
Source:	\$	Education Expenses:	\$		
Sub-Total	\$	Insurance (car, health):	\$ \$		
<pre>\$received mont</pre>	hly in food stamps	Medical Expenses:	\$ 5		
Total Income, lines 3 (tak home pay) and 4		Sub-Total:	\$		
5. My Household Assets:		7. My Other Monthly Household Expenses:			
Cash on hand:	\$ 0		\$		
Checking Account Balance:	\$]		\$		
Savings Account Balance:	\$		\$		
Auto #1 (Value less loan):	\$	·	\$		
Auto #2 (Value less loan):	\$	Sub-Total:	\$ { }		
Home (Value less mortgage): \$		8. My Other Debts with Monthly Payments:			
Other:	\$		\$ 🔶 /mo		
Other:	\$		\$ /mo		
Other: \$			\$ /mo		
Other: \$		Sub-Total:	.\$		
Total Household Assets	\$	Total Household Expenses and Debts, lines 6, 7, and 8:	\$, + + +		
Date: 1/15= 1-5.	-15	Signature: B			

Mt and Decl for Civil Fee Waiver (MTAF) - Page 5 of 5 WPF GR 34.0100 (2/2011) – GR 34

STATEMENT OF FINANCES

1, Ryan D Firoved, certify that I cannot afford to pay the \$250 filing fee normally required to file a I request that the filing fee be waived and that I be allowed to file 1. _ without prepayment of the filing fee. My request in this matter is brought in good faith. 2. I am _____ am not _____ employed. My salary or wages amount to 3. \$_____ per month. My employer is (Name and address): I do _____ do not X___ have any checking or savings accounts in any financial 4. institutions. The total amount of funds I have in any such accounts of any type is s O In the past 12 months, I did _____ did not X___ receive any interest, dividends, 5. rental payments, or other money. The total amount of such money I received was \oplus . The total amount of cash I have other than otherwise indicated above is \$ + . I own or have an interest in the following real estate, stocks, bonds, notes, and б. other property (list any property of a present value of more than \$50, its current value and the amount, if any, currently owed against said property): Item Value Amount Owed (for example: an automobile, make, model, and year; the present value, \$3,000.00; still owe \$500.00). I am _____ am not X _____ married. My spouse is _____ is not _____ 7. employed. His or her salary or wages amount to \$_____ per month. He or she owns the following property not already described above:

- 8. These following persons depend on me for support (list name, relationship to you, and address for each person):
- I owe the following bills (list name and address of creditors and any amount currently owed):
 600 Pollars to Crime Victums funds

[IF APPLICABLE - Petitioner incarcerated in a correctional facility-COMPLETE #10]

10. I have a spendable balance of \$______ in my prison or institutional account as of the date of this financial statement.

I declare under the penalty of perjury (pursuant to the laws of the State of Washington) that I have read this financial statement, know its contents, and I believe all of the information and statements contained therein to be true.

Dated this <u>S</u> day of <u>January</u>, 2015. PETITIONER

Supreme Court of Washington For Washington State	
Ryan D Firoved Petitioner/Plaintiff, Cheryl C Firoved Respondent/Defendant.	No. 91092 -8-Chery Firoued & Ryan D Firoued Court of Appeals 7169-2-1 Order Re Waiver of Civil Filing Fees and Surcharges [] Granted (ORPRFP) [] Denied (ORDYMT) [X] Clerk's Action Required 3.1

I. Basis

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

II. Findings

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

- 2.1 [] The moving party is indigent based on the following: He or she:
 - [] is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - [] receives benefits from one or more needs-based, means-tested assistance programs; and/or
 - [] has household income at or below 125% of the federal poverty guideline; and/or
 - [] 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
 - [] other:______

Order re Civil Fee Waiver (ORPRFP, ORDYMT) - Page 1 of 2 WPF GR 34.0500 (2/2011) - GR 34

2.2	[]	The moving party is not indigent.			
2.3	[]	Other:			
	,				
		III. Order			
Based	on the	findings the court orders:			
3.1	[] The motion is granted, and				
		[] all filing 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.			
		[] other:			

3.2 [] The motion is denied.

3.3 If there is a material change in financial circumstances, the ruling can be revisited by the court or the moving party.

If the motion was granted and the court, upon review, later finds that either the petitioner or another responsible party to this proceeding has sufficient resources to pay the waived filing fees or surcharges, the Court may modify this order and require the moving party or another party to pay the filing fees and/or surcharges that have been waived by this order.

Dated: _____

Judge/Commissioner

.

Presented by:

Signature of Party or Lawyer/WSBA No.

Print or Type Name

Date

Order re Civil Fee Waiver (ORPRFP, ORDYMT) - Page 2 of 2 WPF GR 34.0500 (2/2011) - GR 34

Supreme Court of Washington County of Frank Lin No.91092-8-Cheryl Firoved V Right Court of Appeals 71697-2-J Firoved Declaration of Service VS. Resobndent I Declare, I am over the age of 18 years, and I am that a party to this action. On 1/6/15 ____ (date), I served the following documents: Motion to Waive filing Fee and Finance Statement To: \underline{D} , \underline{V} , \underline{S} , by (describe how service was hd place): made including name, date 600 Universiti I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) Confe 11	(state) WH on (date) 16/15
BATA	Ryan DFiroved
Signature	Print or Type Name

Declaration of Service (DCLR) - Page 1 of 1 (6/2010) - CR 4(g), RCW 4.28.080(1)