

# LEGAL FINANCIAL OBLIGATIONS

- Engrossed Second Substitute House Bill 1783
  - effective date June 7, 2018 (THIS THURSDAY!)
- LFO Calculator
  - Minority & Justice Commission Price of Justice DOJ Grant
  - Go live June 7, 2018 (THIS THURSDAY!)
  - Available to everyone --- Email will be sent out Wednesday, June 6, 2018 with the official link to the calculator.
- Benefits Verification System (BVS) – pilot project



# LFO Calculator

## (State of Washington)

1

2

3

4

### Case Settings

Hearing is for post-conviction relief

Court of Limited Jurisdiction ▾

Please identify your occupation ▾

Type a Crime

NEXT

[ABOUT US](#)



# LFO Calculator (State of Washington)

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## Case Settings

Hearing is for post-conviction relief

Court of Limited Jurisdiction

Judge

dui

DUI OR PHYSICAL CONTROL - NO PRIORS

DUI OR PHYSICAL CONTROL - ONE PRIOR

DUI OR PHYSICAL CONTROL - TWO PRIORS

MINOR DUI - DRIVER <21YO CONSUME ALCOHOL/MARIJU



# LFO Calculator (State of Washington)

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## Case Settings

Hearing is for post-conviction relief

Court of Limited Jurisdiction

Judge

Type a Crime

DUI OR PHYSICAL CONTROL - ONE PRIOR  
RCW 46.61.502; 46.61.504

X

BAC Levels

< 0.15 or No Test

NEXT



# LFO Calculator (State of Washington)

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## Case Settings

Hearing is for post-conviction relief

Court of Limited Jurisdiction

Judge

Type a Crime

DUI OR PHYSICAL CONTROL - ONE PRIOR  
RCW 46.61.502; 46.61.504

X

< 0.15 or No Test

> 0.15 or Refusal

NEXT



# LFO Calculator

## (State of Washington)

1

2

3

4

### Determining Ability to Pay

[WHERE DO I START?](#)

[DOWNLOAD DECLARATION OF FINANCIAL STATUS](#)

Defendant is NOT indigent.

**Is the defendant indigent as defined in RCW 10.101.010(3) by receiving any of the following? (Even if defendant does not meet the definition of indigency under RCW 10.101.010(3)(a)-(c), courts shall take into account the financial resources of the defendant and the nature of the burden that payment of costs will impose.)**

- Temporary assistance for need families
- Aged, blind, or disabled assistance benefits
- Medical Care Benefits under RCW 74.09.035
- Pregnant women assistance benefits
- Food stamps or food stamp benefits transferred electronically
- Refugee resettlement benefits
- Medicaid
- Supplemental security income
- Involuntarily committed to a public mental health facility
- Annual income, after taxes, of 125% or less of the current federally established poverty level. (Enter data income/household data to determine poverty level.)

Yes

**Defendants Household Income (used to determine poverty level)**

Annually	Monthly	Household Size
\$	\$	1

1 \_\_\_\_\_ COURT OF THE STATE OF WASHINGTON  
2  
3 IN AND FOR THE COUNTY OF \_\_\_\_\_

4 \_\_\_\_\_  
5 Case No.: \_\_\_\_\_  
6 Plaintiff,  
7 vs. \_\_\_\_\_  
8 DECLARATION OF DEFENDANT'S  
9 Defendant FINANCIAL STATUS  
10

11 I, \_\_\_\_\_, declare as follows:

- 12 1. I am the defendant in the above cause of action.
- 13 2. I receive one of the following types of public assistance:
- 14  Temporary assistance for needy families
  - 15  Aged, blind or disabled assistance benefits
  - 16  Medical care services under RCW 74.09.035
  - 17  Pregnant women assistance benefits
  - 18  Food stamps or food stamp benefits transferred electronically
  - 19  Refugee resettlement benefits
  - 20  Medicaid
  - 21  Supplemental security income
- 22  I understand the Court may require verification of the information provided  
23 above. I authorize Washington State Department of Social and Health Services  
24 (DSHS) to release data pertaining to my receipt of public assistance benefits to  
25 \_\_\_\_\_ Court. I understand that the Court may use the data it  
26 receives from DSHS to verify the information provided above. My DSHS client  
number is: \_\_\_\_\_.
3.  I have the following additional medical or mental health history/conditions not  
represented above that limit my ability to be gainfully employed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1 4. My household information is:
- 2 a. Total household income is \_\_\_\_\_ [ ] Monthly, [ ] Annually.
- 3 b. Number of people in my household: \_\_\_\_\_.
- 4 5. My employment history is the following:
- 5 [ ] currently employed as a \_\_\_\_\_ earning \$ \_\_\_\_\_ hour.
- 6 [ ] currently unemployed; last worked as a \_\_\_\_\_ in \_\_\_\_\_ (year).
- 7 [ ] soon-to-be employed as a \_\_\_\_\_ earning \$ \_\_\_\_\_ hour.
- 8 6. My estimated outstanding debt is as follows:

Type of Debt	Amount

- 11 7.  I have the following other limitations that impact my ability to work:
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_

- 17 8. My ability to make monthly payments are as follows:
- 18  I do not have the ability to make any monthly payments now or in the near  
19 future.
- 20  I can make \$ \_\_\_\_\_ monthly payments starting \_\_\_\_\_.

I certify under penalty of perjury under Washington State law that the above is true and correct (Perjury is a criminal offense-see Chapter 9A.72 RCW).

21 \_\_\_\_\_  
22 Signature Date  
23 \_\_\_\_\_  
24 City State  
25 \_\_\_\_\_  
26



# LFO Calculator

## (State of Washington)

### Where Do I Start?

#### LFO Colloquy Starting Point

May be directed to defense attorney if defendant wishes to remain silent during sentencing.

- Are you working?
- When was the last time you held a paid job? Doing what?
- What, if any, is your source of income?
- Are you on any type of State assistance?
- Is there anything else that the court should know about that would impact your ability to pay your legal financial obligations?

#### Factors to consider in determining a person's ability to pay

- Only source of income is social security disability
- Suffers from a mental health condition that prevents the defendant from participating in gainful employment
- Receives assistance from a needs-based, means-tested assistance program, such as Social Security or food stamps
- Work history
- Future ability to hold a job
- Education
- Length of incarceration
- Outstanding debts, including restitution
- Ability to meet defendant's own basic needs (food, shelter, basic medical expenses)
- Household income falls below 125 percent of the federal poverty guideline
- Payment of the amount due in costs will impose manifest hardship on the defendant or the defendant's immediate family

[CLOSE](#)

Defendant

Is the defendant receiving the defendant shall take and the r

- Ten
- Age
- Med
- Pre
- Food
- Ref
- Med
- Sup
- Inv
- Ann
- fed
- date

Yes

Defendant

Annually

Monthly

Household Size

---

# THE FOLLOWING QUALIFY A DEFENDANT AS “STATUTORILY” INDIGENT:

RCW 10.101.010(3)(a) through (c)

- Temporary assistance for needy families
- Aged, blind or disabled assistance benefits
- Medical care services under RCW 74.09.035
- Pregnant women assistance benefits
- Food stamps or food stamp benefits transferred electronically
- Refugee resettlement benefits
- Medicaid
- Supplemental security income
- Involuntarily committed to a public mental health facility
- An annual income, after taxes, of 125% or less of the current federally established poverty level

**Is the defendant indigent as defined in RCW 10.101.010(3)? Even if defendant does not meet the definition of indigency under RCW 10.101.010(3)(a)-(c), courts shall take account of the financial resources of the defendant and the nature of the burden that payment of costs will impose. Does the defendant receive any of the following:**

- Temporary assistance for need families
- Aged, blind, or disabled assistance benefits
- Medical Care Benefits under RCW 74.09.035
- Pregnant women assistance benefits
- Food stamps or food stamp benefits transferred electronically
- Refugee resettlement benefits
- Medicaid
- Supplemental security income
- Annual income, after taxes, of 125% or less of the current federally established poverty level. (Enter data income/household data to determine poverty level.)

Yes

**Defendants Household Income (used to determine poverty level)**

Annually	Monthly	Household Size
\$ _____	\$ _____	1 _____

**Estimated Total Current Debt Before Sentencing**

Total Debt	Monthly Payment	Yrs of Repayment
\$ _____	\$ 50 _____	_____

**What can the defendant pay per month?**

\$ \_\_\_\_\_



# LFO Calculator

## (State of Washington)

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### Determining Ability to Pay

[WHERE DO I START?](#)

[DOWNLOAD DECLARATION OF FINANCIAL STATUS](#)

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Yes

Defendants Household Income (used to determine poverty level)

Annually

Monthly

Household Size

\$

\$

1

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- Food stamps or food stamp benefits transferred electronically
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State Poverty Level for family of 3 is:

\$25975 annually or

\$2164.58 monthly

Defendant's monthly income is **\$497.58 lower** than state's poverty level.

Yes

### Defendants Household Income (used to determine poverty level)

Annually	Monthly	Household Size
\$ 20000	\$ 1667	3

### Estimated Total Current Debt Before Sentencing

Total Debt	Monthly Payment	Yrs of Repayment
\$ 26000	\$ 50	43.33

### What can the defendant pay per month?

\$ 25

## Determining Ability to Pay

WHERE DO I START?

[DOWNLOAD DECLARATION OF FINANCIAL STATUS](#)

Defendant is NOT indigent.

Does the defendant suffer from a mental health condition and also not have the ability to pay any LFOs?

Yes

**Is the defendant indigent as defined in RCW 10.101.010(3) by receiving any of the following? (Even if defendant does not meet the definition of indigency under RCW 10.101.010(3)(a)-(c), courts shall take into account the financial resources of the defendant and the nature of the burden that payment of costs will impose.)**

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Yes

1 2 3 4

A defendant suffers from a mental health condition when the defendant has been diagnosed with a mental disorder that prevents the defendant from participating in gainful employment, as evidenced by a determination of mental disability as the basis for the defendant's enrollment in a public assistance program, a record of involuntary hospitalization, or by competent expert evaluation. RCW 9.94A.777(2).

Defendant is

## ing Ability to Pay

DO I START?

ATION OF FINANCIAL STATUS

**Does the defendant suffer from a mental health condition and also not have the ability to pay any LFOs?**

Yes

**Is the defendant indigent as defined in RCW 10.101.010(3) by receiving any of the following? (Even if defendant does not meet the definition of indigency under RCW 10.101.010(3)(a)-(c), courts shall take into account the financial resources of the defendant and the nature of the burden that payment of costs will impose.)**

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## Determining Ability to Pay

WHERE DO I START?

DOWNLOAD DECLARATION OF FINANCIAL STATUS

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Is the defendant indigent as defined in RCW 10.101.010(3) by receiving any of the following? (Even if defendant does not meet the definition of indigency under RCW 10.101.010(3)(a)-(c), courts shall take into account the financial resources of the defendant and the nature of the burden that payment of costs will impose.)

- Temporary assistance for need families
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- Pregnant women assistance benefits
- Food stamps or food stamp benefits transferred electronically
- Refugee resettlement benefits
- Medicaid

Courts may not impose mandatory or discretionary LFOs except restitution or victim penalty assessment.

State v. Tedder, 194 Wn. App 753 (2016); RCW 9.94A.777.

# BENEFITS VERIFICATION SYSTEM (BVS)

- Contract with Department of Social and Health Services
- Instantaneous
- Cost Free
- Minimal staff time
- Declaration of Financial Status



## Benefits Verification System

[home](#) | [search](#) | [help](#) | [myAccount](#) | [log-out](#)

Logged in: Linda Coburn (Linda.Coburn@edmondswa.gov)

[\(If you're not Linda Coburn, click here.\)](#) Please log-out when done!

### DSHS Benefits Verification Search Form

Enter Name and SSN -OR- DSHS Client ID Number

<b>Client Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>
<b>Social Security Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>		<b>DSHS Client ID</b> <input type="text"/>
<b>Number Months Requested</b> 3 <input type="text"/> 1 = current month: May 2018		<input type="button" value="Search"/>

#### Common Questions:

1. What is the [required information](#) to submit a search?
2. What [search results](#) can I expect?
3. How many [months](#) can I request?
4. What is a [Client ID](#) number?
5. How often is the data [updated](#)?
6. Who can I [contact](#) with questions?

NOTICE: The client information available on this website is confidential under state and federal law. Do not:

- Access or use this confidential information for any reason other than the purpose in your agreement with DSHS.
- Share or disclose the information.
- Keep this information in such a way that it could be accessed by anyone who is not allowed to see it.

Laws include: RCW 74.04.060, RCW 42.56.230(1), 45 CFR 205.50, 42 CFR 431.301, 7 CFR 272.3, and the HIPAA Privacy Rule - 45 CFR §160 to 45 CFR §164.

# SUSPEND, REDUCE, WAIVE OR MANDATORY?

## LFO Calculator:

- Does not take away a judge's discretion.
- Does provide education and options based on:
  - Plain language of statute (but not always clear)
  - Case law
  - Actual judicial practice

## Calculate Fees

**Base Fine Ordered to Pay** \$ 200

Discretionary.

To Pay: \$200

**Conviction Fee** \$ 43

RCW 3.62.085 suspend

To Pay: \$43

**Public Defender Recoupment** \$ 200

RCW 10.01.160(2)

Authority is from State v. Barklind, 87 Wn.2d 814 (1977). Shall not impose costs on a defendant who is indigent as defined in RCW 10.101.010(3)(a) through (c).

To Pay: \$200

**Cost of Incarceration** \$

RCW 10.01.160(2)

Discretionary. Must be actual cost (not to exceed \$100/day). Shall not impose costs on a defendant who is indigent as defined in RCW 10.101.010(3)(a) through (c).

To Pay: \$0

**Include Probation**

Months Active

Monitored

Records Check

Enter Cost

To Pay: \$125

PSEA	\$210.00
<b>Total</b>	<b>\$778.00</b>

**Payoff Payment Calculator**

Duration  
12 months

Min Monthly Payment \$64.83

**Ability to Pay per Month is \$25 [edit](#)**

**See Total LFOs as CSHs**  
(excluding restitution)

Rate \$/h  Hours

## Calculate Fees

<input checked="" type="checkbox"/> <b>Base Fine Ordered to Pay</b>	\$ 100
Discretionary.	
To Pay: \$100	
<input checked="" type="checkbox"/> <b>Conviction Fee</b>	\$ 43
RCW 3.62.085	suspend <input type="checkbox"/>
To Pay: \$43	
<input checked="" type="checkbox"/> <b>Public Defender Recoupment</b>	\$ 150
RCW 10.01.160(2)	
Authority is from State v. Barklind, 87 Wn.2d 814 (1977). Shall not impose costs on a defendant who is indigent as defined in RCW 10.101.010(3)(a) through (c).	
To Pay: \$150	
<input type="checkbox"/> <b>Cost of Incarceration</b>	\$
RCW 10.01.160(2)	
Discretionary. Must be actual cost (not to exceed \$100/day). Shall not impose costs on a defendant who is indigent as defined in RCW 10.101.010(3)(a) through (c).	
To Pay: \$0	

<input checked="" type="checkbox"/> <b>Include Probation</b>		
Months Active	\$/month	months
Monitored	100	years
Records Check	50	2
Enter Cost	\$	
To Pay: \$100		

PSEA	\$105.00
Total	\$498.00

### Payoff Payment Calculator

Duration

24 months

Min Monthly Payment \$20.75

Ability to Pay per Month is \$25 [edit](#)

See Total LFOs as CSHs  
(excluding restitution)

Rate \$/h

11.50

Hours

44

## Print Preview

### Charges

#### 1. THEFT III (G)

	Ordered to Pay	Imposed but Suspended	Notes
THEFT III - FINE	\$100	\$4900 (if max fine imposed)	
Conviction Fee	\$43	\$0	
Public Defender Recoupment	\$150	\$0	
Probation Costs	\$100	\$0	
PSEA	\$105.00	\$0	
<b>Total</b>	<b>\$498</b>	<b>\$4900</b>	
<b>Pay Period</b>	<b>24 months</b>		
<b>Min Payment</b>	<b>\$20.75 / month</b>		

The total owed (excluding restitution) equates to 44 hours of community service hours at \$11.50 per hour.

[BACK](#)

[FINISH](#)

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Conviction Fee

\$0

\$43

Public Defender Recoupment

\$200

\$0

Probati

PSEA

**Total**

Pay Pe

Min Pa

## Thank You!

Your results have been saved. You may share the link below to return to this case:

http:

[CLOSE](#)

\*The total owed (excluding restitution) equates to 52 hours of community service hours at \$11.50 per hour

[BACK](#)

[FINISH](#)

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# LFO CALCULATOR – PHASE II

## FUTURE HOPES:

- Multiple Charges
- DUI historical LFO
- Part of AOC?
- Maintaining: bug fixes; updates (law, poverty level, minimum wage)