|                       | Washington 州   | 法院,县 <b>/</b> 市  |  |  |  |
|-----------------------|--|--|--|--|--|
|                       | Petitioner/Plaintiff,<br>原告/申诉人<br>vs.<br>与.<br>Respondent/Defendant.<br>被告/被申诉人   | No<br>案件编号:<br>Motion and Declaration For Waiver of<br>Civil Fees and Surcharges<br>(MTWVF)<br>民事诉讼费和附加费免缴动议及声明<br>(MTWVF) |  |  |  |
| I. Motion<br>动议       |  |  |  |  |  |
| 1.1                   | I am the [] petitioner/plaintiff [] respondent/defendant in this action. 本人是本诉讼中的 原告/申诉人 被告/被申诉人。  |  |  |  |  |
| 1.2                   | I am asking for a waiver of fees and surcharges under GR 34.<br>根据《通则》第 34 条规定,本人申请免缴诉讼费和附加费。  |  |  |  |  |
|                       | II. Basis fo<br>动议   |  |  |  |  |
| 2.1                   | GR 34 allows the court to waive "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. 根据《通则》第 34 条规定,当事人交纳诉讼费用确有困难的,可以依照本办法向法院申请免缴诉讼费用或附加费的司法救助。如下所述,本人无力缴纳诉讼费。 |  |  |  |  |
| Dated:<br>日期 <b>:</b> |  | nature of Requesting Party<br>方签名  |  |  |  |

Print or Type Name 正楷姓名

## III. Declaration 声明

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|----|----|-------|------|
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I cannot afford to meet my necessary household living expenses and pay the fees and 3.1 surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration. 本人无力支付必要的家庭生活费用和法院征收的费用及附加费。请参阅随附的财务报表, 该表作为本声明的一部分。 3.2 In addition to the information in the financial statement, I would like the court to consider the following: 除了财务报表中的信息外,本人希望法院考虑以下内容: (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. (若适用,请勾选)本人通过邮寄方式提交了这项动议。在动议中,本人附上写明回邮地 址、邮资已付的信封,以期在法院指令签署后收到副本。 I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. 依据 Washington 州法律的伪证处罚规定,本人声明上述内容真实且正确。 Signed at (city) \_\_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_. 签署干(市) , (州) (日期) Print or Type Name Signature

签名

正楷姓名