

_____ Court of Washington, County/City of _____

_____,
Plaintiff.

vs.

_____,
Defendant. DOB: _____

No. _____

**Petition re: Legal Financial Obligations
(PT)**

Petition re: Legal Financial Obligations

Use this form to ask the court to waive or reduce the amount you owe, or to remove your Legal Financial Obligations (LFOs) from collections. Please fill out any sections that might apply to your case. After you fill out this form, you should also fill out a proposed order for the judge to sign. That form is called "Order re: Legal Financial Obligations." You must fill out a separate copy of both forms for each case you have.

The undersigned requests that the sentencing court grant an order that will:

1. Jurisdiction

- ☐ I declare, to the best of my knowledge, that more than 10 years have passed since I completed the jail or prison sentence (total confinement) imposed *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. RCW 3.66.120; RCW 6.17.020(4); RCW 9.94A.753(4); RCW9.94A.760(5); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008).
- ☐ I declare, to the best of my knowledge, that I did not receive a jail or prison sentence (total confinement) *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. RCW 3.66.120; RCW 6.17.020(4); 9.94A.760(5); RCW 9.94A.753(4); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008).
- ☐ I declare, to the best of my knowledge, that fewer than 10 years have passed since I completed the jail or prison sentence (total confinement) imposed *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. RCW 3.66.120; RCW 6.17.020(4); RCW9.94A.760(5); RCW 9.94A.753(4); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008).

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: _____
- ☐ **Appellate and Other Costs.** I request the court waive appellate and other costs. My failure to pay was not willful and the payment of the costs imposes a manifest hardship on me or my family. RCW 10.73.160(4); 10.01.160(4).

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: _____

- ☐ I am unable to pay my LFOs because of a manifest hardship or compelling circumstances that exist. RCW 10.01.160(3)(d),(4); RCW 13.40.192; RCW 10.73.160(4). 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).
- ☐ **Community Service to pay LFOs.** I request any unpaid discretionary LFOS that are **not** restitution be converted to community service (restitution) hours through a community restitution program, if available. RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180 (5); RCW 46.63.190.
- ☐ **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): _____