[NEW]

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

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,**  Plaintiff    vs.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,**  Defendant. DOB  PCN/TCN: SID | NO.  Petition re: Traffic Infraction Payment Plan  (Traffic Infraction)  Clerk’s Action Required. |

**Petition re: Traffic Infraction Payment Plan**

*Use this form to request that your traffic infraction(s) fines be waived, reduced, pulled from collections, converted to community restitution hours, or to modify an existing payment plan.*

The undersigned requests that the court grant an order that will (check the boxes that apply):

1. **Interest**

[ ] Waive all unpaid interest on my traffic infraction fines.

1. **Traffic Infraction Fines** *(Check all that apply)*

[ ] **Remission or Reduction**. Waive or reduce all unpaid discretionary traffic infraction fines. (RCW 46.63.190)

[ ] **Additional Time**. Grant me additional time to pay my unpaid traffic infraction fines. (RCW 46.63.190)

[ ] **Collection**. Remove my unpaid traffic fines from collection and waive all collection fees. (RCW 19.16.500(1)(b))

[ ] **Community Restitution.** Convert any unpaid traffic infraction fines to community service hours through a community restitution program. (RCW 46.63.120, RCW 46.63.110(8)(a))

1. **Declaration**

I am the defendant in the above action and declare: *(Check all that apply)*

[ ] I do not have the ability to pay because:

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[ ] I am receiving one of the following types of public assistance: Temporary Assistance for Needy Families (TANF); aged, blind, or disabled assistance benefits (ABD); medical care services under RCW 74.09.035; pregnant women assistance benefits, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically; refugee resettlement benefits; Medicaid (for example, Apple Health); or Supplemental Security Income. (GR 34(a)(3)(A)) I am receiving the following forms of public assistance:

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[ ] I am unemployed or have a job, but I do not make enough to afford to pay my traffic infraction fines. (Please list your monthly income here, after taxes, the number of people you support, and your basic living expenses, for example, clothing, food, rent, and any other expenses you might have including other debt.) (GR 34(a)(3)(B)-(C)).

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[ ] Other compelling circumstances exist that demonstrate my inability to pay fees and/or charges. (GR 34(a)(3)(D)). Details:

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[ ] I am represented by a Qualified Legal Services Provider. GR 34(a)(4).

[ ] I am homeless. \_\_\_\_\_ Housing Instability (\_\_ facing eviction; \_\_emergency

shelter; \_\_temporary with family/friends; \_\_outdoors in a tent, or vehicle;

other\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] I am not able to complete community restitution hours because:

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[ ] I was not able to make my payments on my traffic infraction debt because:

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[ ] I failed to complete community restitution/service because:

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[ ] My wages and/or bank account is currently being garnished to pay my traffic infraction debt because:

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I request:

[ ] the court rule without a hearing.

[ ] a hearing by [ ] telephone [ ] videoconference [ ] in court appearance.

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

Signed at *(city)* , *(state)* on *(date)* .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Defendant Print Name

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Dated Defendant’s Attorney, WSBA No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name