

See RAP 18.17 for document formatting requirements.

**RAP APPENDIX OF FORMS
FORM 13 MOTION FOR ORDER OF INDIGENCY**

**[Rule 15.2(c)]
SUPERIOR COURT OF WASHINGTON
FOR _____ COUNTY**

[*Name of Plaintiff*]

Plaintiff,

v.

of Indigency-

[*Name of Defendant*]

(Civil

Defendant.

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No. [*trial court*]

Motion for Order

(Criminal),

(Juvenile

Offense),

(Dependency),

(Termination),

(Commitment),

(Contempt),

(Habeas Corpus),

(Appeal),

involving a

(Constitutional or

Statutory Right to

Counsel) Case

_____, (defendant) (respondent)

(petitioner), files a notice of appeal in the above-referenced

(criminal), (juvenile offense), (dependency), (termination),

(commitment), (civil contempt), (habeas corpus), (appeal involving a constitutional or statutory right to counsel) case, and moves the court for an Order of Indigency authorizing the expenditure of public funds to prosecute this appeal (wholly at public expense) (partially at public expense).

(Defendant) (Respondent) (Petitioner) was found indigent by order of this court on_____. There has been no change in (defendant) (respondent) (petitioner)'s financial status since that time, and (defendant) (respondent) (petitioner) continues to lack sufficient funds to seek review in this case.

(Defendant) (Respondent) (Petitioner) asks the court to order the following to be provided at public expense: all filing fees; attorney fees; preparation, reproduction, and distribution of briefs; preparation of verbatim report of proceedings; and preparation of necessary clerk's papers.

The following certificate is made in support of this motion.

DATED: _____

Signature

(Defendant) (Respondent) (Petitioner) (personal pronouns
(optional))

Signature

Name of Attorney for (Defendant) (Respondent) (Petitioner)-
(personal pronouns (optional))

WSBA # _____

CERTIFICATE

I, _____, certify as follows:

1. That I have previously been found indigent by this court.
2. That the highest level of education I have completed is:

☐ Grade School ☐ High School ☐ College or greater

3. That I have held the following jobs: _____

4. That I: ☐ have not received job training
 ☐ have received the following job training: _____

5. That I: () do not have a mental or physical disability that would affect my ability to work

() have the following mental or physical disability
that would affect my ability to work: _____

6. That I: () do not have children or family members that
normally depend on me for financial support
() have the following children or family member
that normally depend on me for support _____

7. That I: () do not anticipate my financial condition
improving in the foreseeable future through inheritance, sale of
land, or similar.
() anticipate my financial condition improving in
the foreseeable future as follows: _____

I, _____, certify under penalty of
perjury under the laws of the State of Washington that the
foregoing is true and correct.

_____	Signature
Date	Name of (Defendant) (Respondent)
	(Petitioner)

Place	

[Adopted effective July 1, 1976; Amended effective September 1, 1994; December 24, 2002; September 1, 2010; January 31, 2017; June 27, 2023.]