
Court of Washington, County/City of _____
华盛顿州 县/市法院

Plaintiff.
原告。

vs.
诉

Defendant.
被告。

DOB: _____
出生日期:

No. _____
编号

Petition re: Legal Financial Obligations
关于以下事宜的请求: 法定财务义务
(PT)
(PT)

Petition re: Legal Financial Obligations
关于以下事宜的请求: 法定财务义务

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.

使用此表格请求法院免除或减少您所欠的金额, 或从催收程序中删除您的法定财务义务(LFO)。请填写可能适用于您的案件的所有部分。填写此表格后, 您还应该填写一份拟议命令供法官签署。该表格称为“关于以下事宜的命令: 法定财务义务。”您必须为您的每起案件单独填写这两份表格。

The undersigned requests that the sentencing court grant an order that will:
签署人请求判决法院下达命令, 内容如下:

1. Jurisdiction
管辖

[] 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).

本人声明，据我所知，自我在本案中被判入狱或监禁（完全监禁）结束之日起，已超过10年。我请求法院审查其是否仍有权催收剩余的LFO、赔偿金和利息。RCW 3.66.120; RCW 6.17.020(4); RCW 9.94A.753(4); RCW9.94A.760(5); 州诉Gossage案，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).

本人声明，据我所知，在本案中我没有被判入狱或监禁（完全监禁）。我请求法院审查其是否仍有权催收剩余的LFO、赔偿金和利息。RCW 3.66.120; RCW 6.17.020(4); 9.94A.760(5); RCW 9.94A.753(4); 州诉Gossage案，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).

本人声明，据我所知，距离我完成本案中被判的入狱或监禁（完全监禁）刑期还不到10年。我请求法院审查其是否仍有权催收剩余的LFO、赔偿金和利息。RCW 3.66.120; RCW 6.17.020(4); RCW9.94A.760(5); RCW 9.94A.753(4); 州诉Gossage案，165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008)。

2. Reduce or Waive LFOs

减少或免除LFO

A. LFO Relief Available Regardless of Ability to Pay (Check all that apply)

无论支付能力如何，均可享受LFO救济（请勾选所有适用项）

- ☐ **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.

催收。我请求法院从催收中删除我未付的LFO，并免除所有催收费用。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).

LFO利息。我请求法院免除我所有未支付的非赔偿性LFO的利息。RCW 10.82.090(3)(a)。

- ☐ **DNA Fee.** I request that the court waive the DNA fee. RCW 43.43.7541(2).

DNA费用。我请求法院免除DNA费用。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).

支付原始欠款（本金部分）后的赔偿金利息。我已经全额支付了赔偿金的原始欠款金额（本金部分）。我的赔偿金义务剩余增加的（应计）利息。我请求法院免除或减少我的赔偿金的剩余利息。RCW 10.82.090(3)(b)。

B. LFO Relief Due to Inability to Pay (Indigence)

因无力支付（贫困）而获得的LFO救济

☐ **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).

LFO豁免或减少。 我请求免除或减少所有未付的可选（酌情）LFO。RCW 7.68.035(5); RCW 9.94A.6333(3)(f); RCW 10.01.160(4)（仅限于费用）；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.

欠保险公司或州机构的赔偿金。 我请求法院免除或减少欠保险公司或州机构（劳工与工商保险服务部除外）的赔偿金和增加的（应计）利息。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.

完全监禁释放后的赔偿金利息。 本人声明，我已从监狱或监禁（完全监禁）中获释。我要求减少或免除我在监禁期间产生的赔偿金利息。RCW 10.82.090。

☐ **Date I entered jail or prison in this case:** _____
我因本案入狱或被监禁的日期：

☐ **Date I was released from jail or prison in this case:** _____
我因本案入狱或被监禁后获释的日期：

☐ **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).

上诉和其他费用。 我请求法院免除上诉费用和其他费用。我并非故意不付款，支付这些费用对我或我的家庭造成了显著的困难。RCW 10.73.160(4); 10.01.160(4)。

3. Declaration of Inability to Pay (Indigence)

无力支付（贫困）声明

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:

本人声明，本人并无足够资金支付所有LFO，因此，本人未能支付上述款项并非出于故意。本人声明，本人经济困难（无力支付），原因是：

☐ I am receiving one of the following types of public assistance (RCW 10.01.160(3)(a)):
我正在接受以下类型的公共援助之一(RCW 10.01.160(3)(a))：

- [] Food stamps or food stamp benefits transferred electronically (EBT);
以电子方式转移的食品券或食品券福利(EBT);
- [] Medicaid (for example, Apple Health);
Medicaid (例如Apple Health);
- [] Supplemental Security Income (SSI);
补充性保障收入(SSI);
- [] Temporary Assistance for Needy Families (TANF);
贫困家庭临时救济金(TANF);
- [] Aged, Blind, or Disabled assistance benefits (ABD);
老年人、盲人或残障人士补助福利(ABD);
- [] Pregnant women assistance benefits;
孕妇补助福利;
- [] Poverty-related veterans' benefits;
与贫困相关的退伍军人福利;
- [] Refugee resettlement benefits; or
难民安置福利; 或
- [] Medical care services under RCW 74.09.035.
RCW 74.09.035规定的医疗护理服务。
- [] I am homeless. RCW 10.01.160(3)(b).
本人无家可归。RCW 10.01.160(3)(b)。
- [] I have an acute, chronic, or serious mental illness. RCW 10.01.160(3)(b).
我患有急性、慢性或严重的精神疾病。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>.
我的税后年收入为当前联邦确定的贫困线的125%或以下。RCW 10.01.160(3)(a)。您可以在以下地址找到收入限制（联邦确定的贫困水平）
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; 联邦贫困线的125%可在此处找到:
<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>.
我的税后年收入超过联邦确定的贫困线的125%，但我因生活支出而无法支付所征收的LFO。RCW 10.01.160(3)(c)。您可以在以下地址找到收入限制（联邦确定的贫困水平）
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>。

Details: _____

详情:

- ☐ 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:

本人因存在明显的经济困难或迫不得已的情况，无法支付LFO。RCW 10.01.160(3)(d),(4); RCW 13.40.192; RCW 10.73.160(4)。详情:

4. Process for Paying Any LFOs That Will Remain
支付任何剩余LFO的流程

- ☐ **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).

延长期限和付款计划。我请求延长期限以支付任何剩余的LFO，并请求通过书记员安排一个我能够负担的付款计划。我有能力支付\$_____ 每月。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.

冲抵LFO的社区服务。本人请求通过社区赔偿金计划（如有）将所有未支付的非赔偿性酌情LFO转换为社区服务（赔偿金）小时数。RCW 9.94A.6333(3)(f); RCW 10.01.160(4)（仅限于费用）；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:

受保护收入来源。本人无力支付，并请求法院不要采取任何积极措施追收剩余的LFO。*Richland市诉Wakefield案*, 186 Wn.2d 596, 607, 380 P.3d 459, 465 (2016)。我唯一的收入是:

- ☐ Social Security benefits (retirement, disability, etc.);
社会保障福利（退休、残疾等）;

- ☐ Child support payments; or
子女抚养费; 或

- ☐ Benefits from the Department of Veterans Affairs.
退伍军人事务部的福利。

5. Other Relief
其他救济

☐ In addition to the relief requested above, I request that the court:
除了上述请求的救济外, 我请求法院:

6. Hearing
听证会

☐ **A. No Hearing.** I request that the court rule on my petition without a hearing.
A. 不举行听证会。 我请求法院在不举行听证会的情况下对我的申请作出裁决。

☐ **B. Hearing.** I ask that the court hold a hearing on my petition. I request to appear at the hearing:

B. 听证会。 我请求法院就我的申请举行听证会。我请求通过以下方式出席听证会:

☐ Via video conference or telephone; or
通过视频会议或电话; 或

☐ In-person.
当面。

7. Declaration of Service
送达声明

I mailed or delivered this Petition and a Proposed Order to the prosecuting attorney on (date) _____.

我于以下日期将此申请和拟议命令邮寄或交付给检察官 (日期)

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.

本人特此声明, 本人在此表格中提供的信息若有不实, 愿依照华盛顿州法律而接受伪证罪处罚。

Signed at (City) _____, (State) _____ on (Date) _____
签署地点 (城市) _____, (州) _____ (日期)

Signature of Defendant
被告签名

Print Name
请工整填写姓名

The following is my contact information:
以下是本人的联系方式:

Email: _____
电子邮件地址:

Phone: _____
电话:

Street Address or PO Box
街道地址或邮政信箱

City
城市

State
州

Zip
邮编

Lawyer (if any) fills out below:

律师（如有）填写以下内容：



Lawyer signs here

律师在此处签名

Print name and WSBA No.

请工整填写姓名和WSBA编号

Date

日期

Lawyer's Street Address or PO Box

律师的街道地址或邮政信箱

City

城市

State

州

Zip

邮编

Email (if applicable):

电子邮件地址（如适用）：