

I am the defendant in the above action and declare that I have been released from total confinement on this matter: *(Check all that apply)*

I have paid my restitution in full.

I am indigent because:

I am receiving one of the following types of public assistance: temporary assistance for needy families, aged, blind, or disabled assistance benefits, 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. (RCW 10.101.010(3)(a); GR 34(a)(3)(A).) I am receiving the following forms of public assistance:

I am involuntarily committed to a public mental health facility. (RCW 10.101.010(3)(b).)

I am receiving an annual income, after taxes, of 125% or less of the current federally established poverty level. (RCW 10.101.010(3)(c); GR 34(a)(3)(B).)

I am receiving an annual income, after taxes, of more than 125% of the federally established poverty level but I have recurring basic living expenses making me unable to pay the LFOs imposed. (GR 34(a)(3)(C).) Details:

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

I am homeless. (RCW 9.94A.6333(3)(d); RCW 9.94A.760(11); RCW 10.01.180(1)(c).)

I am not able to complete community restitution hours because:

I have not paid my LFOs in a timely manner. However, my late payment(s) or failure to pay was/were not willful because:

OPTIONAL: I have attached my financial case history report from the court clerk.

I request:

the court rule without a hearing.

a hearing by telephone video conference in court appearance.

4. I mailed or delivered this Petition, Declaration and proposed Order to the Court on *(date)* _____ and to the Prosecuting Attorney on *(date)* _____.

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

Dated: _____

Defendant's Attorney/WSBA No.

Print Name