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

**Washington 州法院，县/市**

|  |  |
| --- | --- |
|   Petitioner/Plaintiff, 原告/申诉人vs.与.  Respondent/Defendant. 被告/被申诉人 | **No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**案件编号**：**Motion and Declaration For Waiver of Civil Fees and Surcharges****(QLSP Filing)****(MTWVF)****免除民事诉讼费和附加费的动议及声明****（QLSP 存档）****(MTWVF)** |

**I. Motion**

**动议**

On behalf of the [ ] petitioner/plaintiff [ ] respondent/defendant, I am asking for a waiver of fees and surcharges under GR 34.

本人代表 原告/申诉人 被告/被申诉人，根据第 34 号条例，申请免交诉讼费及附加费。

I base this motion on GR 34(a) and the declaration, below.

根据《通则》第 34 条第 a 款规定及以下声明，本人提出这项动议。

Dated:

日期： Signature of Lawyer WSBA No.

 律师签名 WSBA 编号：

 Print or Type Name

 正楷姓名

**II. Declaration**

**声明**

I declare that,

本人声明

2.1 I represent the [ ] petitioner/plaintiff [ ] respondent/defendant.

 本人代表 原告/申诉人 被告/被申诉人。

2.2 I am an attorney working with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is a Qualified Legal Services Provider (QLSP) as defined by the Washington State Bar Association in APR 1(e)(8).

 本人是 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 的律师，根据《律师执业规则》第 1 条第 e 款第 8 项，Washington State Bar Association 认定该律师事务所为合格法律服务供应商 (QLSP)。

2.3 I am working with the QLSP as an:

 本人以下列身份与 QLSP 合作：

[ ] attorney employed by the QLSP, or

 QLSP 雇用的律师，或

[ ] attorney working in conjunction with the QLSP.

 律师与 QLSP 合作。

2.4 The QLSP screened the [ ] petitioner/plaintiff [ ] respondent/defendant and found the litigant eligible for free civil legal aid services.

QLSP 审查了 原告/申诉人 被告/被申诉人，发现诉讼当事人有资格获得免交民事诉讼费援助服务。

[ ] (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope for timely return of a conformed copy of the order.

 （若适用，请勾选） 本人通过邮寄方式提交了这项动议。 本人附上写明回邮地址、邮资已付的信封，以便及时收到法院指令副本。

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

依据 Washington 州法律的伪证处罚规定，本人声明上述内容真实且正确。

Signed at (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (state) \_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

签署于（市）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，（州）\_\_\_\_\_\_\_\_（日期）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

Signature of Lawyer WSBA No. Print or Type Name

律师签名 WSBA 编号： 正楷姓名