

**Superior Court of Washington  
County of Jefferson**

In re:		No.
and	Petitioner(s),	<b>Order to Proceed in Forma Pauperis (ORPRFP)</b>
	Respondent(s).	

\_\_\_\_\_ [Name of Moving Party (Requester)] presented a *Motion and Declaration for Order to Proceed in Forma Pauperis* to this court. The court having considered the motion, declaration, and accompanying Determination of Indigency form and finding good cause,

**It is hereby Ordered** that said Motion be and is hereby granted and the parties are hereby allowed to file and proceed in this matter In Forma Pauperis

Done in open court this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Judge/Commissioner**

Presented by:

\_\_\_\_\_  
Signature of Moving Party/Petitioner

\_\_\_\_\_  
Print or Type Name

**Superior Court of Washington  
County of Jefferson**

In re:

and

Petitioner(s),

Respondent(s).

No.

**Motion and Declaration for  
Order to Proceed In Forma  
Pauperis  
(MTAF)**

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**I. Relief Requested**

\_\_\_\_\_ [Name of party] respectfully moves the court for an order allowing Petitioner to file and proceed in this matter In Forma Pauperis.

**II. Statement of Facts/Statement of Grounds**

Petitioner does not have sufficient finances to pay the filing fee or hire an attorney. It would impose an extreme hardship on petitioner if obligated to do so. Petitioner's financial situation is more fully set forth in the accompanying declaration.

**III. Statement of Issues**

Whether sufficient hardship will result to warrant the waiving of payment of filing fees by Petitioner.

**IV. Evidence Relied Upon**

The accompanying declaration and testimony of the petitioner is relied upon to support this motion.

**V. Authority**

The legal authority relied upon is the Constitutional right to due process of law.

**VI. Proposed Order**

A proposed order accompanies this motion.

Signed at \_\_\_\_\_, [City] \_\_\_\_\_ [State] on \_\_\_\_\_ [Date].

\_\_\_\_\_  
Signature of Moving Party/Petitioner

\_\_\_\_\_  
Print or Type Name

**DECLARATION**

I, undersigned, declare:

1. I am the Petitioner in the above-entitled proceeding. This action is brought in good faith, and it is my present intention to proceed to a final order on the merits of my petition.
2. I am unable to hire an attorney because I am without sufficient finances to do so. I cannot proceed further in this matter without financial hardship, and I am informed that this Court may waive payment of statutory filing fees so that I might seek relief as requested in my petition.
3. My household consists of myself and:

4. My gross income per month is: \_\_\_\_\_

5. My monthly debts are as follows: \_\_\_\_\_

6. I own the following property and assets: \_\_\_\_\_

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

Wherefore, this Court is requested to enter an order allowing this declarant to file and proceed In Forma Pauperis.

A proposed Order accompanies this motion.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Moving Party/Declarant

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

STATE OF WASHINGTON  
 COUNTY OF JEFFERSON  
**Family Law Determination Of Indigency Report**

**I. Identification**

Applicant's Name \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Applicant's Address \_\_\_\_\_  
 Applicant's Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
(Name) (Address) (Telephone)

**II. Support Obligations**

Total Number Dependents (include applicant in count) \_\_\_\_\_

**III. Presumptive Eligibility (check all that apply)**

- a. \_\_\_\_\_ Party is indigent because receives public assistance in form of: ( ) AFDC<sup>1</sup> ( ) General Assistance ( ) Food Stamps ( ) Medicaid ( ) Poverty-Related V.A.<sup>2</sup> Benefits ( ) SSI<sup>3</sup> ( ) Refugee Resettlement Benefits ( ) Other; specify \_\_\_\_\_  
 Case Number \_\_\_\_\_ Verified? \_\_\_\_\_ Method \_\_\_\_\_
- b. \_\_\_\_\_ Party is indigent because committed to a public mental health facility.  
 Verified? \_\_\_\_\_ Method: \_\_\_\_\_
- c. \_\_\_\_\_ Party is indigent because annual income, after taxes, is 125% or less of current federally established poverty level.  
 (Specify annual income after taxes \$ \_\_\_\_\_.)

**IV. Monthly Income**

			Verified?
a. Monthly take-home pay (after deductions)	\$ _____	Y	N
b. Spouse's take-home pay (enter N/A if conflict)	\$ _____	Y	N
c. Contribution from any person domiciled with applicant and helping defray his/her basic living costs	\$ _____	Y	N
d. Interest, dividends, or other earnings	\$ _____	Y	N
e. Non-poverty based assistance (Unemployment, Social Security, Workers Compensation, pension, annuities) (DON'T include poverty-based assistance. See IV. a)	\$ _____	Y	N
f. Other income (specify) _____	\$ _____	Y	N
<b>Total Income</b>	<b>\$ _____</b>		

**V. Monthly Expenses (for applicant and dependents; average where applicable)**

a. Basic Living Costs - Shelter (rent, mortgage, board)	\$ _____	Y	N
Utilities (heat, electricity, water); enter 0 if included in cost of shelter	\$ _____	Y	N
Food	\$ _____	Y	N
Clothing	\$ _____	Y	N
Health Care	\$ _____	Y	N
Transportation	\$ _____	Y	N
Loan Payments (specify) _____	\$ _____	Y	N
b. Court imposed obligations (check) ___ fines ___ court costs ___ restitution ___ support ___ ___ other	\$ _____	Y	N
c. Other expenses (specify) _____	\$ _____	Y	N
<b>Total Expenses</b>	<b>\$ _____</b>		

<sup>1</sup> Aid to Families with Dependent Children

<sup>2</sup> Veterans' Administration

<sup>3</sup> Supplemental Security Income

**VI. Total Income**

Part IV (Monthly Income) minus Part V (Total Expenses) = **Disposable Net Monthly Income** \$ \_\_\_\_\_

**VII. Liquid Assets**

		Verified?	
a. Cash, savings, bank accounts (include joint accounts)	\$ _____	Y	N
b. Stocks, bonds, certificates of deposit	\$ _____	Y	N
c. Real estate or equity in real estate	\$ _____	Y	N
d. Vehicles or equity in vehicles	\$ _____	Y	N
e. Personal property (jewelry, boat, stereo, etc.)	\$ _____	Y	N
f. Interest dividends, or other earnings	\$ _____	Y	N

**Total Liquid Assets** \$ \_\_\_\_\_

**VIII. Affidavit and Notification**

I, \_\_\_\_\_ (print name) do hereby certify (or declare) under penalty of perjury under the Laws of the State of Washington that the foregoing is true and correct (RCW 9A.72.085). By my signature below, I authorize the court to verify all information provided here.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (City, State)

**IX. Other considerations or comments:**

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

**X. Finding**

\_\_\_\_ Indigent  
\_\_\_\_ Not Indigent  
\_\_\_\_ Indigent and Able to Contribute \$ \_\_\_\_\_

Judge \_\_\_\_\_ Date \_\_\_\_\_