

**Superior Court of Washington
County of Jefferson**

In re:		No.
and	Petitioner(s),	Order to Proceed in Forma Pauperis (ORPRFP)
	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)**

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: () AFDC¹ () General Assistance () Food Stamps () Medicaid () Poverty-Related V.A.² Benefits () SSI³ () 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
Total Income	\$ _____		

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
Total Expenses	\$ _____		

¹ Aid to Families with Dependent Children

² Veterans' Administration

³ 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 _____