

Municipal Court of Washington For the City of Pasco	
City of Pasco,	Plaintiff
vs.	

(Last, First, Middle, Name, DOB) Defendant	

No. _____
 No. _____
 No. _____
 No. _____

“I Can’t Afford to Pay” Motion and Declaration

I am the Defendant. I request, due to my financial status and inability to pay, that the court

allow me to perform work crew to pay my legal financial obligations. If necessary, I have attached authorization from my medical doctor indicating I am capable of performing work crew; or waive all previously imposed legal financial obligations; and remove the cases from collections.

My financial declaration is attached for purposes of establishing my inability to pay.

Dated: _____

 Defendant

FINANCIAL DECLARATION

See the attached Financial Statement, which I incorporate as part of this declaration. In addition to the information in the financial statement, I would like the court to consider the following:

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

 Print or Type Name

Financial Statement (Include Supporting Documents)			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many? Age(s):			
3. My Monthly Income:		6. My Monthly Household Expenses:	
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
4. Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
Total Income, lines 3 (take home pay) and 4:		Sub-Total:	\$
5. My Household Assets:		7. My Other Monthly Household Expenses:	
Cash on hand:	\$		\$
Checking Account Balance:	\$		\$
Savings Account Balance:	\$		\$
Auto #1 (Value less loan):	\$		\$
Auto #2 (Value less loan):	\$	Sub-Total:	\$
Home (Value less mortgage):	\$	8. My Other Debts with Monthly Payments:	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
Total Household Assets:		Total Household Expenses and Debts, lines 6, 7, and 8:	\$
Date:		Signature:	