_____ Court of Washington, County/City of _____

_____, Plaintiff. vs. _____, Defendant. DOB:	**No**. _____ **Petition re: Legal Financial Obligations (PT)**

Petition re: Legal Financial Obligations

The undersigned requests that the sentencing court grant an order that will:

1. Jurisdiction

[ ] I declare, to the best of my knowledge, that more than 10 years have passed since I completed the jail or prison sentence (total confinement) imposed *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. RCW 3.66.120; RCW 6.17.020(4); RCW 9.94A.753(4); RCW9.94A.760(5); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008).

[ ] I declare, to the best of my knowledge, that I did not receive a jail or prison sentence (total confinement) *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. RCW 3.66.120; RCW 6.17.020(4); 9.94A.760(5); RCW 9.94A.753(4); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008).

[ ] I declare, to the best of my knowledge, that fewer than 10 years have passed since I completed the jail or prison sentence (total confinement) imposed *in this case*. I ask the court to review whether it has jurisdiction to collect remaining LFOs, restitution, and interest. RCW 3.66.120; RCW 6.17.020(4); RCW9.94A.760(5); RCW 9.94A.753(4); *State v. Gossage*, 165 Wn.2d 1, 8, 195 P.3d 525, 528 (2008).

2. Reduce or Waive LFOs

A. LFO Relief Available Regardless of Ability to Pay *(Check all that apply)*

[ ] **Collection**. I request that the court remove my unpaid LFOs from collection and waive all collection fees. RCW 19.16.500(1)(b); RCW 36.18.190; GR 39.

[ ] **LFO Interest.** I request that the court waive all unpaid interest on my LFOs that are not restitution. RCW 10.82.090(3)(a).

[ ] **DNA Fee.** I request that the court waive the DNA fee. RCW 43.43.7541(2).

[ ] **Restitution Interest After Payment of Original Amount Owed (Principal Balance)**. I have paid the original amount owed (principal balance) of my restitution in full. All that remains of my restitution obligation is the added (accrued) interest. I ask that the court waive or reduce the remaining interest on my restitution. RCW 10.82.090(3)(b).

B. LFO Relief Due to Inability to Pay (Indigence)

[ ] **Waiver or Reduction of LFOs.** I request that all unpaid optional (discretionary) LFOs be waived or reduced. RCW 7.68.035(5); RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180(5).

[ ] **Restitution Owed to an Insurer or State Agency**. I request that the court waive or reduce restitution and added (accrued) interest owed to an insurer or a state agency (other than the Department of Labor and Industries). RCW 3.66.120; RCW 9.94A.750, .753; RCW 9.92.060, 760; RCW 9.95.210.

[ ] **Restitution Interest After Release from Total Confinement**. I declare that I have been released from jail or prison (total confinement). I ask that restitution interest that accrued during my confinement be reduced or waived. RCW 10.82.090.

[ ] Date I entered jail or prison in this case: _____

[ ] Date I was released from jail or prison in this case: _____

[ ] **Appellate and Other Costs.** I request the court waive appellate and other costs. My failure to pay was not willful and the payment of the costs imposes a manifest hardship on me or my family. RCW 10.73.160(4); 10.01.160(4).

3. Declaration of Inability to Pay (Indigence)

I declare that I have not had enough money to pay all my LFOs and, because of this, my failure to pay them has not been willful. I declare that I am indigent (do not have the ability to pay) because:

[ ] I am receiving one of the following types of public assistance (RCW 10.01.160(3)(a)):

[ ] Food stamps or food stamp benefits transferred electronically (EBT);

[ ] Medicaid (for example, Apple Health);

[ ] Supplemental Security Income (SSI);

[ ] Temporary Assistance for Needy Families (TANF);

[ ] Aged, Blind, or Disabled assistance benefits (ABD);

[ ] Pregnant women assistance benefits;

[ ] Poverty-related veterans' benefits;

[ ] Refugee resettlement benefits; or

[ ] Medical care services under RCW 74.09.035.

[ ] I am homeless. RCW 10.01.160(3)(b).

[ ] I have an acute, chronic, or serious mental illness. RCW 10.01.160(3)(b).

[ ] I am receiving an annual income, after taxes, of 125% or less of the current federally established poverty level. RCW 10.01.160(3)(a). *You can find the income limits (federally established poverty level) at* https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines*; 125% of the federal poverty level can be found here:* https://www.courts.wa.gov/forms/?fa=forms.contribute&formID=82.

[ ] I am receiving an annual income, after taxes, of *more* than 125% of the federally established poverty level but I have living expenses making me unable to pay the LFOs imposed. RCW 10.01.160(3)(c). *You can find the income limits (federally established poverty level) at* https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines.

Details: _____

_____

_____

_____

[ ] I am unable to pay my LFOs because of a manifest hardship or compelling circumstances that exist. RCW 10.01.160(3)(d),(4); RCW 13.40.192; RCW 10.73.160(4). Details:

_____

_____

_____

_____

4. Process for Paying Any LFOs That Will Remain

[ ] **Additional Time and Payment Plan**. I request additional time to pay any remaining LFOs and that I be placed on a payment plan that I can afford directly through the clerk. I can afford to pay $_____ per month. RCW 9.94A.6333(3)(f); RCW 10.01.170(1); RCW 10.01.180(5).

[ ] **Community Service to pay LFOs.** I request any unpaid discretionary LFOS that are **not** restitution be converted to community service (restitution) hours through a community restitution program, if available. RCW 9.94A.6333(3)(f); RCW 10.01.160(4) (limited to costs); RCW 10.01.180 (5); RCW 46.63.190.

[ ] **Protected Source of Income.** I do not have the ability to pay and request that the court not engage in any active efforts to collect any remaining LFOs. *City of Richland v. Wakefield*, 186 Wn.2d 596, 607, 380 P.3d 459, 465 (2016). My only income is:

[ ] Social Security benefits (retirement, disability, etc.);

[ ] Child support payments; or

[ ] Benefits from the Department of Veterans Affairs.

5. Other Relief

[ ] In addition to the relief requested above, I request that the court:

_____

_____

_____

_____

6. Hearing

[ ] **A. No Hearing**. I request that the court rule on my petition without a hearing.

[ ] **B. Hearing.** I ask that the court hold a hearing on my petition. I request to appear at the hearing:

[ ] Via video conference or telephone; or

[ ] In-person.

7. Declaration of Service

I mailed or delivered this Petition and a Proposed Order to the prosecuting attorney on *(date)* _____.

I declare, under penalty of perjury under the laws of the State of Washington, that the facts I have provided on this form are true.

Signed at *(City)* _____, *(State)* _____ on *(Date)* _____

_____ _____

Signature of Defendant Print Name

The following is my contact information:

_____

Street Address or PO Box *City* *State* *Zip*