

**In the District Court 1 of Clallam County, Washington**

Petitioner	vs.	DOB
Respondent		DOB

No. \_\_\_\_\_

**Motion and Declaration for Waiver  
of Filing Fees and Surcharges –  
Harassment**  
(MTWVF)  
**(RCW 7.105.105(9))**

**Motion and Declaration For Waiver of Filing Fees and Surcharges – Harassment**

1. I am the Petitioner in this action. I am asking for a waiver of all filing fees and surcharges.
2. **Basis**  
[ ] **Unable to Pay.** GR 34 allows the court to waive “filing fees or surcharges the payment of which is a condition precedent to a litigant’s ability to secure access to judicial relief” for a person who is indigent. RCW 7.105.105(9)(b)(ii) provides that the court must waive the antiharassment protection order filing fee if the court determines the petitioner is not able to pay the costs of filing. As outlined below, I am indigent and not able to pay the costs of filing.

I cannot afford to meet my necessary household living expenses and pay the filing fees and surcharges imposed by the court. Please see the attached **Financial Statement**, WPF GR 34.0300, 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:

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**Filing Fee Prohibited.** To the best of my understanding, my petition for an antiharassment protection order is based on (*check all that apply*):

stalking

hate crime

single act/threat of violence including malicious and intentional threat or presence of firearm/weapon causing substantial emotional distress

family or household member engaged in domestic violence

nonconsensual sexual conduct or penetration or a sex offense

RCW 7.105.105(9)(b)(i) prohibits the court from charging filing fee in this situation.

3.  **Mail** (*Check if applies.*) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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 - Harassment (Attachment)			
1. My name is:			
2. <input type="checkbox"/> I provide support to people who live with me: How many?      Age(s):			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
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:	\$
<b>4. Other Sources of Income Per Month in my Household:</b>		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:	\$
<b>Total Income, lines 3 (take home pay) and 4:</b>		<b>Sub-Total:</b>	<b>\$</b>
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
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):	\$	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
<b>Total Household Assets:</b>		<b>Total Household Expenses and Debts, lines 6, 7, and 8:</b>	<b>\$</b>
<b>Date:</b>		<b>Signature:</b>	