

SNOHOMISH COUNTY SUPERIOR COURT
APPLICATION FOR REDUCTION IN FEES FOR ADMINISTRATIVE RECORDS REQUESTS

UNDER PENALTY OF PERJURY ALL INFORMATION PROVIDED IS SUBJECT TO VERIFICATION. PLEASE REPORT ALL OF YOUR INCOME ACCURATELY AND ENSURE IT IS COMPLETE.

Name _____ Birthdate _____

Single Married Dom Partner Divorced Separated Widowed

Number of dependent children _____ Age of Children _____, _____, _____, _____ Live with You _____

Address _____ City _____ State _____ Zip _____

Mailing Address (If Different) _____

Phone number _____ Work phone _____ Message phone _____

Employed: Yes or No How long unemployed _____

Present Employer: _____ How long employed _____

Address of employer _____ Previous employer: _____

Spouse/Partner - Employer _____ How long employed _____

MONTHLY INCOME

MONTHLY AMOUNT

Total monthly income from wages \$ _____

Under the table pay (Cash jobs) \$ _____

Spouse or Partner Total monthly income from wages \$ _____

Child support received \$ _____

Contribution by anyone living with you \$ _____

Rental Income \$ _____

Veteran's Benefits \$ _____

Social Security \$ _____

Public Assistance (DSHS) \$ _____

Labor and Industry \$ _____

Unemployment Benefits \$ _____

Food Stamps \$ _____

Other (Interest Income, Dividends) \$ _____

Child support, you pay \$ _____

TOTAL INCOME \$ _____

Comments: _____

I DO HERBY CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE SNOHOMISH COUNTY SUPERIOR COURT TO VERIFY ALL INFORMATION PROVIDED WITHIN. I ALSO GIVE PERMISSION TO SUPERIOR COURT TO RELEASE ANY BIOGRAPHICAL INFORMATION PROVIDED WITHIN THIS FORM. I FURTHER SWEAR TO IMMEDIATELY REPORT ANY CHANGE IN FINANCIAL STATUS TO THE COURT.

Applicant Signature: _____ **Date:** _____

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_____ at or below 100% of Federal Poverty Guidelines

_____ at or below 200% of Federal Poverty Guidelines

_____ above 200% of Federal Poverty Guidelines

COMMENTS: _____
