

HOW TO ASK THE COURT TO REDUCE LEGAL FINANCIAL OBLIGATIONS

The law permits a judge to re-determine the legal financial obligations (LFOs) contained in a person's sentence, after considering the person's current financial circumstances. The judge will reconsider the court costs, fines and fees in the person's Judgment and Sentence, and the interest that has accrued on those obligations since the sentencing date. The law does not permit the judge to reduce the Restitution or the Victim Fund Assessment ordered in the sentence.

To ask the Court to reduce LFOs, a person must follow these steps:

1. Get the proper forms: Pick up the forms at the Clerk's Office or print from Court's website: www.whatcomcounty.us/782 If your case is in collection with AllianceOne, the Court's collection agency, you will need to fill out the forms to remove the case from collection as well.
2. Get the case number or numbers: This is very important information. If you don't have the number or numbers, you can look them up in on the Court's computer system, in our Clerk's Computer Room. Be sure to include all case numbers, because any reduction or change to LFOs will apply only to the cases listed on your Motion.
3. Complete the forms: This provides the Court with the reasons for reduction. Attach any supporting documentation
 - Financial Declaration (listing your income, monthly expenses, assets and debts)
 - Motion to Remove Case from Collections, if necessary
 - Motion to Remit (Reduce) Legal Financial Obligations
4. Turn in the forms: Either mail the forms or stop by the Superior Court Clerk's Office. You'll be given a hearing date when you turn them in. Hearings occur most Tuesday mornings at 8:30.

You can complete Steps 1-4 in one visit to the Clerk's Office, or you can choose to take the forms home and turn in the completed forms another day.

5. BE ON TIME for your hearing. You'll need the time before your case is called to talk with Shea, and review the court record of LFOs assessed and payments made, before you talk to the judge.

If you need assistance you can schedule an appointment to speak with Shea Tuesday through Thursday between 1:00 and 3:00.

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

<p>STATE OF WASHINGTON</p> <p align="right">Plaintiff</p> <p>vs.</p> <p>_____</p> <p align="right">Defendant</p>	<p>NO. _____</p> <p>NOTE FOR MOTION DOCKET (NTMTDK) [X] Tuesday Criminal Calendar</p> <p align="center"><i>(Use separate sheet for each motion)</i></p>
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NOTE FOR MOTION DOCKET

Please take note that the issue in this case will be heard on the date set out in the margin and the clerk is requested to note the same on the motion docket for that day.

Hearing Date: TUESDAY - / 8:30am

Nature: MOTION TO REMIT/REDUCE LEGAL FINANCIAL OBLIGATIONS

DATE SUBMITTED: _____

Signature of Defendant

Address: _____

Telephone

CERTIFICATE OF DELIVERY:

I certify under penalty of perjury under the laws of the State of Washington that I put a copy of the Defendant's Motion in the internal pick box for the Prosecutor box on the _____ day of _____, 20__

By: Signature

COPY SENT TO

Whatcom County Prosecutor
311 Grand Ave, Suite 201
Bellingham, Washington 98225

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THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR WHATCOM COUNTY

<p>STATE OF WASHINGTON</p> <p>Plaintiff</p> <p>vs.</p> <p>Defendant</p>	<p>No.</p> <p>MOTION AND DECLARATION TO REDUCE OR REMOVE LEGAL FINANCIAL OBLIGATIONS</p>
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MOTION

I am the Defendant in this case. I am asking the Court to remit (reduce) or waive (remove) some or all of the legal financial obligations I have been ordered to pay in this case. I understand Restitution cannot be waived.

DECLARATION

My motion is based on my financial circumstance. Attached is my Financial Declaration describing my financial status at this time.

My payment plan in this case is set at \$_____ per month.

I have paid \$_____ within the past year.

I am on ___ public assistance / ___ disability.

I work ___ full time ___ part time ___ seasonal work / ___ not working

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Additional Information for your consideration:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (Perjury is a criminal offense-see Chapter 9A.72 RCW)

Signed at (City) _____, (State) _____
on (date) _____, 20__.

Signature

Print or Type Name

Whatcom County Superior Court
 David L. Reynolds, Court Clerk
 311 Grand Avenue, Ste #301
 Bellingham, WA 98225
 (360) 778-5560

FINANCIAL DECLARATION

INSTRUCTIONS: Please complete and bring this form to your Review Hearing. Please be prepared to provide documents regarding your income and expenses. Bring documentation of the following items for the past three months: pay stubs or benefit award letters, current year Federal Tax Return, bank statements, lease/mortgage agreements, child support orders, utility statements, and any other financial documents indicating expenses or income.

CASE NO. : _____

DEFENDANT NAME: _____ COURT DATE: _____

GROSS MONTHLY INCOME

Defendant \$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	PAY DAY (circle one) M T W T H F S
Spouse/Partner _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	M T W T H F S
*Children's Income: _____				*Allotments _____
*Retirement: _____				*Welfare Aid/Public Aid _____
*Social Security: _____				*Child Support _____
*Veterans Benefits: _____				*Other Income _____
TOTAL GROSS INCOME: _____				

FIXED MONTHLY EXPENSES

Food _____	House Insur. _____	Utilities: Gas & Electricity _____	Misc. _____
*Rent/Payment _____	Auto Insur. _____	Water & Sewer _____	Cable _____
Maintenance _____	Health Insur. _____	Telephone _____	
Real Estate tax _____	Other _____	Collections _____	
Do you pay child support? YES NO Amount per month: _____		Do you receive public aid? YES NO Amount per month: _____	

List All Monthly Installments You Are Paying

Name/Address of Finance Co./Bank/Other Creditors	Value	Balance	Monthly Payment	Description
MORTGAGE				
2 ND MORTGAGE				
CREDIT CARDS				
AUTO Yr. Make				
AUTO Yr. Make				
Other (Personal)				
Boats, Trailers, etc.				
*Checking Account #				
*Savings Account #				
*Stocks, Bonds, etc.				

TOTAL MONTHLY EXPENSES: _____

DECLARATION OF FACTS

	Defendant	Spouse/Partner
1. Full Name		
2. Res Address		
3. City, ST, Zip		
4. Home Phone		
5. Cell Phone		
6. Mail Address		
7. Citizenship		
8. Immigration #		
9. Birth Date		

DEFENDANT NAME: _____

CASE NO: _____

	Defendant	Spouse/Partner	
10.			
11.			
12. Occupation			
13. Employer			
14. Date started			
15. Employer Address			
16. Employer Phone			
17. Previous Employer			
18. Driver's Lic. #			
19. Email Address			
20. Dependent's Full Name		DOB	Relationship

20. NEAREST LIVING RELATIVE OTHER THAN SPOUSE _____ RELATIONSHIP _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

21. **MEDICAL/HEALTH PROBLEMS**

22. **PERSONAL STATEMENT:**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THIS IS A FULL AND TRUE STATEMENT OF MY ASSETS AND OBLIGATIONS TO THE BEST OF MY KNOWLEDGE.

Defendant's Signature _____ Date: _____