

## 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.

If your case is in collection with AllianceOne, the Court's collection agency, you will need to fill out additional forms to remove the case from collection first. The Court cannot consider a reduction of fines if the case is in collection. Go back to the Court website and download the forms for removing a case from Collection.

**During the COVID Stay Home Order**, if you don't have the case number or numbers, you need to contact the LFO Clerk at 360-778-5619. You need one motion for each case number. Once the Stay Home Order is lifted, you can look up your case(s) on the Court's public computer in the Computer Room at the Clerk's Office on the 3rd floor of the Courthouse.

**\*IMPORTANT** – Fill out the attached forms, one form for each case number. Any reduction or change to LFOs will apply only to the case listed on your Motion. If you have 3 cases, fill out three sets of forms. These forms provide the Court with the reasons for your request. Give as much detail as you feel necessary for the Judge to understand your current situation. Attach any supporting documentation.

- Motion to Remit (Reduce) Legal Financial Obligations
- Financial Declaration (listing your income, monthly expenses, assets and debts)
- Motion to Remove Case from Collections, if necessary

Either mail the original forms or drop them off at the Whatcom County Superior Court Clerk's Office to the attention of the LFO Clerk. Currently hearings are not being held due to COVID and the LFO Clerk will assist you with getting your motion before the Court and provide you with a copy of the Order. Set up a new payment plan with the LFO Clerk and once the fines are paid in full, the LFO Clerk can help you with "next steps" to vacating your conviction.

Whatcom County Superior Court  
311 Grand Avenue Ste #301  
Bellingham, WA 98225

LFO Clerk: Shea  
Phone: 360-778-5619

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

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

I am the Defendant in this case. I am asking the Court to reduce the legal financial obligations I have been ordered to pay in this case. I understand that Restitution and any Victim Fund Assessment cannot be waived.

DECLARATION

My motion is based on my financial circumstance. Attached is my Financial Declaration, which accurately describes my property, debts and income.

For any financial obligations that remain after the Court's decision on this Motion, I would like a payment plan at \$\_\_\_\_\_ per month.

I have received income over the past year from the following sources  
(check all that apply):

- Wages from \_\_\_\_\_ (name of employer);
- Public Assistance                       Social Security/SSI;
- Food Stamp program;                       other (describe) \_\_\_\_\_.

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My Financial Declaration lists all income I have received over the past year.

Additional Information for the Court to consider:

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I declare under penalty of perjury under the laws of the state of Washington that the statements I have made in this Motion and Declaration, and in the attached Financial Declaration, are 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone Number

# FINANCIAL DECLARATION

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

**INSTRUCTIONS:** Please fill out this form completely. Also attach current pay stubs or benefit award letters, child support orders and any other financial documents you believe helpful for the Court to make a determination.

CASE NO. : \_\_\_\_\_

DEFENDANT NAME: \_\_\_\_\_

### GROSS MONTHLY INCOME

Defendant \$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	PAY DAY (circle one) M T W TH F S  M T W TH F S
Spouse/Partner _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	
*Children's Income: _____				*Allotments _____
*Retirement: _____				*Welfare Aid/Public Aid _____
*Last 4 digits of 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 <sup>ND</sup> MORTGAGE				
CREDIT CARDS				
AUTO Yr. Make				
AUTO Yr. Make				
Other (Personal)				
Boats, Trailers, etc.				
*Last 4 digits of Checking Account #				Name of Bank:
*Last 4 digits of Savings Account #				Name of Bank:
*Stocks, Bonds, etc.				Name:

**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: \_\_\_\_\_