

**Orting Municipal Court
Pierce County, State of Washington
104 Bridge Street S.
Orting, Wa. 98360
(360) 893-3160**

CITY OF ORTING,

Plaintiff,

vs.

Defendant.

Case No(s): _____

DEFENDANT'S PETITION/DECLARATION OF
INABILITY TO MAKE MONETARY PAYMENTS
TOWARDS COURT-ORDERED LEGAL
FINANCIAL OBLIGATIONS (LFOs), AND
AGREEMENT TO PERFORM COMMUNITY
SERVICE AS CREDIT TOWARDS LFOs IF
APPROVED BY THE COURT

I am the defendant named above. I am petitioning the Court to reduce my court-ordered legal financial obligations (LFOs) and/or allow me to perform community service as credit towards payment of my LFOs per this agreement. I understand that if the Court grants my request, the following apply:

1. Community service must be performed at a nonprofit organization or corporation established under Washington State Laws.
2. I am responsible for locating an organization, which will allow me to perform community service hours, track my hours: and provide written proof that I have completed the required hours.
3. All community service reports must be presented on official stationary of the nonprofit organization or corporation, along with the supervising person's name and telephone number. The form must include the hours and dates of the community service performed and documentation that the performed hours are being verified/submitted for only Orting Municipal Court and no other Court. Community service hours performed for any other court may not be credited towards your LFOs at Orting Municipal Court.
4. I understand that the Court will credit my Legal Financial Obligations at a rate of \$10 per hour. **Court-ordered restitution will not be reduced for community service hours.**
5. The court will not accept proof of community service that does not comply with the above requirements.

6. The court will verify all service hours prior to crediting your fine.
7. Fraudulent community service hours will be rejected, and the option of performing community service as credit towards payment of LFOs will be revoked.
8. Community service hours performed prior to authorization by this Court will not be accepted.
9. No refunds from past payments shall be allowed for any community service hours performed that surpasses the outstanding balance of the LFOs.
10. I MUST satisfy my monthly time-pay by making a monetary payment if my current financial circumstances, as declared below, changes and I have the means to make the monetary payment as ordered by the court.
11. I may always make a monetary payment to satisfy the monthly time-pay agreement instead of submitting community service hours.
12. Failure to comply with the time-pay agreement, whether it is failure to make a timely monetary payment or failure to timely submit community service hours, will result in removal of your time-pay agreement, and the start of the collection process.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that I presently and in the foreseeable future cannot make monetary payment towards my LFOs because I receive (check all that apply & attach supporting documents)¹:

- Federal Supplemental Security Income (SSI)
- Food Stamp Program
- Federal poverty-related veteran's benefits
- Aged, blind or disabled assistance benefits
- Medical care services under RCW 74.09.035
- Pregnant women assistance benefits
- Refugee resettlement benefits

¹ I acknowledge that I must redact the following from my submitted documents: social security number, financial account numbers, driver's license numbers; and that I am solely responsible for redacting these personal identifiers and that the Court or the Clerk will not review each document to make redactions.

- Medicaid
- State-provided general assistance for unemployable individuals (GA-U or GA-X)
- Federal Temporary Assistance for Needy Families (TANF)
- Income after taxes at or below 125% of the 2015 Federal Poverty Guidelines:

Number of people in Household	Household Yearly Income After Taxes	Household Monthly Income After Taxes
1	\$14,713	\$1,226
2	\$19,913	\$1,659
3	\$25,113	\$2,093
4	\$30,313	\$2,526
5	\$35,513	\$2,959
6	\$40,713	\$3,392
7	\$45,913	\$3,826
8	\$51,113	\$4,259

- Income above the 125% of 2015 Federal Poverty Guidelines, but recurring basic living expenses render unable to pay. Monthly household income level is _____ . List expenses below:

Name/Type of expense	Amount Owed (indicate if monthly or total)

Dated this _____ day of _____, 20_____.

Defendant's Signature

Current defendant contact information (address, phone, email):
