

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

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8 STATE OF WASHINGTON 9 Plaintiff 10 vs. 11 Defendant 12	13 No. 14 MOTION AND DECLARATION 15 TO REDUCE OR REMOVE LEGAL 16 FINANCIAL OBLIGATIONS
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13 MOTION

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

18 DECLARATION

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

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

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

- 25 _____ Wages from _____ (name of employer);
26 _____ Public Assistance _____ Social Security/SSI;
27 _____ 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:

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

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

FINANCIAL DECLARATION

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 a Judge 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
Spouse/Partner _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	M T W TH 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: _____