

FERNDALE MUNICIPAL COURT
P.O. Box 291, Ferndale, WA 98248
2220 Main Street
info@ferndalecourts.org

I have outstanding legal financial obligations (LFOs) in Ferndale Municipal Court, for which I am petitioning for relief.

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

My Case Number(s): _____

I am indigent because I receive (check all that apply):

- Temporary assistance for needy families (TANF)
- Aged, blind, or disable assistance benefits
- Medical Care Benefits under RCW 74.09.035
- Pregnant women assistance benefits
- Poverty-related veterans' benefits
- Food stamps or food stamp benefits transferred electronically
- Refugee resettlement benefits
- Medicaid
- Supplemental security income
- Involuntarily committed to a public mental health facility
- Annual income, after taxes, of 125% or less of the current federally established poverty level (enter annual income below)

Current income status: Employed? _____ Yes _____ No. If yes, monthly take home pay \$_____

Do you have a spouse or domestic partner who lives with you that works? _____ Yes _____ No. If yes, monthly take home pay \$_____. Including yourself, how many people in your household do you support? _____

My request of the Court:

- Pull balance owed from collections and allow me to make regular payments
- Allow monthly payments of \$_____
- Remove jail costs

Additional information and statements:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct:

Signature: _____

Date: _____

