

FERNDALDE 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:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

