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FILED
SUPERIOR COURT
THURSTON COUNTY, WASH.

2020 NOV 25 AM 11:52

LINDA MYHRE ENLOW
THURSTON COUNTY CLERK

THURSTON Co. Court of Washington
For PETITION FOR PARENTING PLAN

JAMES D. WELLS

Petitioner/Plaintiff,

vs.

SELENA U. SMITH

Respondent/Defendant.

No.

20-3-01280-34

Motion and Declaration For Waiver of
Civil Fees and Surcharges
(MTWVF)

I. Motion


- 1.1 I am the petitioner/plaintiff [] respondent/defendant in this action.
- 1.2 I am asking for a waiver of fees and surcharges under GR 34.

II. Basis for Motion

- 2.1 GR 34 allows the court to waive "fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Dated:

11/24/2020


Signature of Requesting Party

JAMES D. WELLS

Print or Type Name

III. Declaration

I declare that,

- 3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.
- 3.2 In addition to the information in the financial statement, I would like the court to consider the following:

(Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) OLYMPIA, (state) WA on (date) 11/24/2020


Signature

JAMES D. WELLS
Print or Type Name

Case Name: JAMES D. WELLS Case Number: _____
V. SELENA U. SMITH

Financial Statement (Attachment)			
1. My name is: <u>JAMES D. WELLS</u>			
2. <input checked="" type="checkbox"/> I provide support to people who live with me: How many? <u>4</u> Age(s): <u>44, 7, 2, 11mo.</u>			
3. My Monthly Income:		6. My Monthly Household Expenses:	
Employed []	Unemployed [<input checked="" type="checkbox"/>]	Rent/Mortgage:	\$ <u>0</u>
Employer's Name: <u>IATSE LOCAL #15</u>		Food/Household Supplies:	\$ <u>600</u>
Gross pay per month (salary or hourly pay):	\$ <u>0</u>	Utilities:	\$ <u>335</u>
Take home pay per month:	\$ <u>0</u>	Transportation:	\$ <u>150</u>
4. Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$
Source:	\$	Ordered Child Support actually paid:	\$
Source:	\$	Clothing:	\$ <u>100</u>
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Sub-Total:		Insurance (car, health):	\$
<input checked="" type="checkbox"/> I receive food stamps.		Medical Expenses:	\$
Total Income, lines 3 (take home pay) and 4:		Sub-Total:	\$ <u>1,185</u>
5. My Household Assets:		7. My Other Monthly Household Expenses:	
Cash on hand:	\$ <u>52</u>		\$
Checking Account Balance:	\$ <u>0.18</u>		\$
Savings Account Balance:	\$ <u>-3.62</u>		\$
Auto #1 (Value less loan):	\$ <u>15,000</u>		\$
Auto #2 (Value less loan):	\$	Sub-Total: \$	
Home (Value less mortgage):	\$	8. My Other Debts with Monthly Payments:	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total: \$	
Total Household Assets: \$ <u>15,047</u>		Total Household Expenses and Debts, lines 6, 7, and 8: \$ <u>1,185</u>	
Date: <u>11/24/2020</u>		Signature: <u>J-D Wells</u>	