

SKAGIT COUNTY DISTRICT COURT PROBATION

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Instructions For Making a Petition for Financial Review

If you want your probation fee adjusted, you must prove that you are unable to pay it in the foreseeable future. The proof you must give is the information asked for on the attached **PETITION FOR FINANCIAL REVIEW**. Please carefully read it over and then fill in all the information requested. Leave no section blank.

If someone helps you fill out the Petition, that person's name and signature must appear at the bottom of the last page.

We will take one of the following actions regarding your petition: (1) **Deny it**, (2) **Return it to you if it is not complete**, (3) **Adjust downward the total amount you have to pay and inform the court of this change**. If the fee is reduced on a certain date, you still must make all outstanding payments up to that date.

AFFIDAVIT AND NOTIFICATION:

I, _____, do hereby certify under penalty of perjury under the laws of the State of Washington that the information on the following pages is true and correct (RCW 9A.72.085). By my signature below, I authorize the Probation Department to verify all information provided here. I further swear to immediately report any change in financial status to the Probation Department.

SIGNED _____ DATE _____

Case # _____

Cause # _____

SKAGIT COUNTY DISTRICT COURT PROBATION

PETITION FOR FINANCIAL REVIEW

CASE FILE NO: _____

MY NAME IS: _____

I REQUEST TO HAVE MY FINANCIAL SITUATION REVIEWED BECAUSE I BELIEVE I AM UNABLE AT THIS TIME TO COMPLY WITH THE FINANCIAL TERMS OF MY COURT ORDER. I DECLARE THE FOLLOWING FACTS TO BE TRUE AND ACCURATE.

MY EMPLOYMENT HISTORY FOR THE LAST 12 MONTHS IS:

<u>Name, Phone No of Employer</u>	<u>Starting Date</u>	<u>End Date</u>	<u>Hourly Wage</u>	<u>Total Hours Weekly</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN THE LAST 12 MONTHS, I HAD THE FOLLOWING TEMPORARY/ODD JOBS FOR WHICH I WAS PAID CASH:

<u>I Worked For:</u>	<u>I Started On (Date)</u>	<u>I Stopped On (Date)</u>	<u>I Was Paid A Total Of</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

DURING THE LAST 12 MONTHS I WAS UNEMPLOYED FOR THE FOLLOWING TIME PERIODS/REASONS:

<u>Date Unemployment Started</u>	<u>Date Unemployment Ended</u>	<u>Reason for Being Unemployed</u>
_____	_____	_____

Petition for Financial Review Page 2

MY INCOME, as averaged during the last three months:

SUPPLY AVAILABLE DOCUMENTATION FOR THIS SECTION

(Pay stubs, receipts, statements, etc)

- (1) Net wages and/or benefits (like welfare, L & I, or Social Security) \$ _____
- (2) Spouse or Significant Other's Wages \$ _____
- (3) Savings account balance \$ _____
- (4) Checking Account Balance \$ _____
- (5) Cash on hand (wallet, purse, at home, etc) \$ _____
- (6) Food Coupons \$ _____
- (7) Child Support \$ _____

TOTAL HOUSEHOLD INCOME: \$ _____

MY EXPENSES as averaged during the last three months:

SUPPLY AVAILABLE DOCUMENTATION FOR THIS SECTION

(Receipts, Bills, Letters of Reference, etc)

- (1) Rent/House Payments \$ _____
- (2) Food \$ _____
- (3) Utilities (do not count cable, HBO, etc) \$ _____
- (4) Emergency Medical/Dental \$ _____
- (5) Clothing \$ _____
- (6) Court Related Fines, Fees, etc. \$ _____
- (7) Other debts on which payments are made \$ _____

TOTAL \$ _____

Total Family Members in Household: _____

I SPEND \$ _____ ON ALCOHOL/DRUGS PER MONTH

I SPEND \$ _____ ON TOBACCO PRODUCTS PER MONTH

I HAVE CABLE TV, INTERNET, DISH, CELL PHONE AND PAY \$_____ PER MONTH

Petition for Financial Review Page 3

I HAVE THE FOLLOWING DEBTS:

<u>Person/Organization I Owe</u>	<u>Payment Agreement</u>	<u>Amount</u>	<u>Last Payment</u>
<u>Signed?</u>	<u>Owed</u>	<u>Made on</u>	
_____	YES NO	\$ _____	_____
_____	YES NO	\$ _____	_____
_____	YES NO	\$ _____	_____
_____	YES NO	\$ _____	_____
_____	YES NO	\$ _____	_____

REGARDING MY FINANCIAL CIRCUMSTANCES, I WANT TO SAY THE FOLLOWING:

_____ **Date:** _____

Signature of the Defendant

_____ **Printed Name of Helping Person**

Signature of Helping Person

FOR OFFICIAL USE ONLY

PROBATION DEPARTMENT RESPONSE

TO: DATE:

- YOUR PETITION FOR ADJUSTMENT OF YOUR FEE IS DENIED.
CONTINUE TO PAY YOUR FEE AT THE AMOUNT ORIGINALLY ESTABLISHED.
- WE ARE RETURNING YOUR PETITION TO YOU BECAUSE IT IS NOT COMPLETE.
- WE ARE ADJUSTING YOUR FEE, STARTING NEXT MONTH, AS FOLLOWS:

\$ _____ TO BE PAID AT \$ _____ PER MONTH

DURING THE MONTH OF _____ YOU MUST RE-FILE WITH US PAGE 2 AND 3 OF YOUR PETITION FOR US TO REVIEW IN ORDER TO DECIDE IF YOU CONTINUE

TO BE ELIGIBLE TO PAY A REDUCED FEE.

OTHER: _____

CASE FILE NO: _____
Petition for Financial Review - Revised May 2007