WHAT TO DO IF YOU CANNOT PAY THE FILING FEE

No Packet Fee

Pursuant to GR 14, the Clerk's Office cannot accept double sided forms.

PLEASE NOTE: The procedures and processes outlined in this packet are not a substitute for legal advice. The laws and court rules are complex and following the procedures contained herein will not guarantee you a favorable result. It is always advisable to talk to a lawyer about your problem before filing your action.

Skagit County Clerk
205 W. Kincaid, Room 103
Mount Vernon, WA 98273
(360)416-1800

Last updated 09/2026

INSTRUCTIONS FOR

MOTION AND ORDER TO PROCEED *IN FORMA PAUPERIS* – SKAGIT COUNTY

(Procedure to Request Waiver of Filing Fee)

Updated August 2026

If you believe that you are unable to afford the filing fee in your family law or other type of court case, you may request that the court waive it. In determining whether the filing fee should be waived, the Court will apply a financial availability table based on 125% of the Federal Poverty Standard (see below). The court may also look to see if you are receiving Federal Temporary Assistance for Needy Families (TANF), State provided general assistance (GA-U or GA-X), Federal Supplemental Security Income (SSI), Federal poverty related veteran's benefits or Food Stamp Program (FSP). If there is a joint petition in a family law matter, your income will be added to your spouse's income in determining eligibility for a filing fee waiver.

Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9 or more**
Maximum Monthly Income*	$ 1,663	$ 2,254	$ 2,846	$ 3,438	$ 4,029	$ 4,621	$ 5,213	$ 5,804	Add $592 for each additional person
Maximum Annual Income*	$19,950	$27,050	$34,150	$41,250	$48,350	$55,450	$62,550	$69,650	Add $7,100 for each additional person

* "Income" means net income received, after taxes and child care costs are deducted.

FORMS TO USE: The Court has standard forms for obtaining fee waivers, which you are to use even though you may have obtained similar forms elsewhere. The forms are available at no cost from the Clerk's Office or online at www.courts.wa.gov.

1. Motion and Order to Proceed *In Forma Pauperis*
2. Financial Statement
3. Order to Waive Filing Fees

INSTRUCTIONS:

1. Fill out all forms completely. Be sure to sign and date the "Motion and Order" and the "Financial Statement."
2. The clerk will take your Motion for Fee waiver and proposed order and direct you to the Ex Parte Calendar which starts at 1:15 pm. **Forms must be turned in to the Clerk's Office by 12:00 pm to go to same day ex parte hearing at 1:15 pm.**

    - If the Judge/Commissioner signs the Order, you will be able to file your case without paying the filing fee and/or surcharges.
    - If the waiver is denied, you will be required to pay the filing fee to file your case.
    - **If upon later review the court finds that either party to this proceeding has sufficient resources to pay the filing fee and surcharges, the court may modify this order and require the moving party or another party to pay the fees and surcharges that have been waived.**

3. After the Court has signed your order, return directly to the Clerk's Office to file your case. You must file the originals of all forms the **same day** the Judge/Commissioner signs the order. **DO NOT** remove this order from the courthouse.

Superior Court of Washington For Skagit County	
_____ Petitioner/Plaintiff, vs. _____ Respondent/Defendant.	**No.** _____ **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: _____

_____
Signature of Requesting Party

_____
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) _____, (state) _____ on (date) _____.

_____ _____

Signature Print or Type Name

Case Name:_____ **Case Number:**_____

Financial Statement (Attachment)					
1. My name is:					
2. [ ] I provide support to people who live with me: How many? Age(s):					
3. My Monthly Income:			**6. My Monthly Household Expenses:**		
Employed [ ] Unemployed [ ]			Rent/Mortgage:	$	
Employer's Name:			Food/Household Supplies:	$	
Gross pay per month (salary or hourly pay):	$		Utilities:	$	
Take home pay per month:	$		Transportation:	$	
4. Other Sources of Income Per Month in my Household:			Ordered Maintenance actually paid:	$	
Source:		$	Ordered Child Support actually paid:	$	
Source:		$	Clothing:	$	
Source:		$	Child Care:	$	
Source:		$	Education Expenses:	$	
Sub-Total:		$	Insurance (car, health):	$	
[ ] I receive food stamps.			Medical Expenses:	$	
Total Income, lines 3 (take home pay) and 4:		**$**	Sub-Total:	**$**	
5. My Household Assets:			**7. My Other Monthly Household Expenses:**		
Cash on hand:	$			$	
Checking Account Balance:	$			$	
Savings Account Balance:	$			$	
Auto #1 (Value less loan):	$			$	
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:	**$**		**Total Household Expenses and Debts, lines 6, 7, and 8:**	**$**	
Date:			**Signature:**		

Superior Court of Washington For Skagit County	
_____ Petitioner/Plaintiff, vs. _____ Respondent/Defendant.	**No.** _____ **Order Re Waiver of Civil Fees and Surcharges** ☐ **Granted (ORPRFP)** ☐ **Denied (ORDYMT)** ☐ **Clerk's Action Required 3.1**

I. Basis

The court received the motion to waive fees and surcharges filed by or on behalf of the ☐ petitioner/plaintiff ☐ respondent/defendant.

II. Findings

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

2.1 ☐ The moving party is indigent based on the following: He or she:

- ☐ is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
- ☐ receives benefits from one or more needs-based, means-tested assistance programs; and/or
- ☐ has household income at or below 125% of the federal poverty guideline; and/or
- ☐ has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
- ☐ other: _____ _____ _____.

2.2 ☐ The moving party is not indigent.

2.3 ☐ Other: _____

_____

_____

_____

_____

_____.

III. Order

Based on the findings the court orders:

3.1 ☐ The motion is granted, and

☐ all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.

☐ other: _____

_____

_____

_____

_____

_____.

3.2 ☐ The motion is denied.

Dated: _____ _____

Judge/Commissioner

Presented by:

_____

Signature of Party or Lawyer/WSBA No.

_____

Print or Type Name Date

_____

Address

_____

_____

Telephone