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2 MUNICIPAL COURT OF THE STATE OF WASHINGTON

3 IN AND FOR THE CITY OF BOTHELL

4  
5 City of Bothell,

6 Plaintiff,

7 vs.

8  
9 \_\_\_\_\_,

10 Defendant

Case No.: \_\_\_\_\_

DECLARATION OF DEFENDANT'S  
FINANCIAL STATUS

11 I, \_\_\_\_\_, declare as follows:

12 1. I am the defendant in the above cause of action.

13 2. I receive one of the following types of public assistance:

14  Temporary assistance for needy families

15  Aged, blind or disabled assistance benefits

16  Medical care services under RCW 74.09.035

17  Pregnant women assistance benefits

18  Food stamps or food stamp benefits transferred electronically

19  Refugee resettlement benefits

Medicaid

Supplemental security income

20  I understand the Court may require verification of the information provided  
21 above. I authorize Washington State Department of Social and Health Services  
22 (DSHS) to release data pertaining to my receipt of public assistance benefits to  
23 \_\_\_\_\_ Court. I understand that the Court may use the data it  
receives from DSHS to verify the information provided above. My DSHS client  
number is: \_\_\_\_\_.

24 3.  I have the following additional medical or mental health history/conditions not  
25 represented above that limit my ability to be gainfully employed:

26 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. My household information is:

- a. Total household income is \_\_\_\_\_ [ ] Monthly, [ ] Annually.
- b. Number of people in my household: \_\_\_\_\_.

5. My employment history is the following:

- [ ] currently employed as a \_\_\_\_\_ earning \$\_\_\_\_\_ hour.
- [ ] currently unemployed; last worked as a \_\_\_\_\_ in \_\_\_\_\_ (year).
- [ ] soon-to-be employed as a \_\_\_\_\_ earning \$\_\_\_\_\_ hour.

6. My estimated outstanding debt is as follows:

Type of Debt	Amount

7. [ ] I have the following other limitations that impact my ability to work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. My ability to make monthly payments are as follows:

[ ] I do not have the ability to make any monthly payments now or in the near future.

[ ] I can make \$\_\_\_ monthly payments starting \_\_\_\_\_.

I certify under penalty of perjury under Washington State law that the above is true and correct (Perjury is a criminal offense-see Chapter 9A.72 RCW).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State