

**LYNNWOOD MUNICIPAL COURT,
SNOHOMISH COUNTY, WASHINGTON**

CITY OF LYNNWOOD

Plaintiff/

VS

Defendant/

DISTRICT/MUNICIPAL COURT
CASE NO. _____

APPLICATION AND ORDER TO
PROCEED IN FORMA PAUPERIS
IN APPEAL OF DISTRICT/MUNICIPAL
COURT DECISION

1. APPLICATION

- 1.1 I, _____, Appellant, move the Court for an Order authorizing me to proceed in Forma Pauperis (at public expense) in this case.
- 1.2 Attached are a Financial Statement and an affidavit in support of this motion.

2. ORDER

- 2.1 It is hereby ordered that the above named is permitted to proceed without payment of the fees indicated.

- Filing Fee
- Copy Fees
- Appeal Processing Fee
- Sheriff's Service Fee
- Other _____

DATED THIS _____ DAY OF _____, 19 _____

JUDGE/PRO TEM JUDGE

Presented by:

Signature of Appellant

Street Address

City, State, Zipcode

Telephone Number

FINANCIAL STATEMENT IN SUPPORT OF APPLICATION AND ORDER TO PROCEED IN FORMA PAUPERIS

3.1 GENERAL INFORMATION

- (a) Name: _____ (a) Spouse's Name: _____
- (b) Address: _____ (b) Address: _____
- (c) SS#: _____ (c) SS#: _____
- (d) Telephone: _____ (d) Telephone #: _____
- (e) DOB: _____ (e) DOB: _____

3.2 FAMILY INFORMATION

- (a) Persons whom you financially support [] Spouse [] Children [] Other
- (b) List names, ages, relationship and address if different from yours:

_____	_____
_____	_____
_____	_____

3.3 EMPLOYMENT INFORMATION

- (a) Are you presently employed [] yes [] no (a) Is spouse presently employed yes/ no
- (b) Name & address of employer: _____ (b) Name & address of employer _____
- (c) Length of employment: _____ (c) Length of employment: _____
- (d) Occupation: _____ (d) Occupation: _____
- (e) Other income: _____ (e) Other income: _____

3.4 INCOME AND ASSETS

- (a) Gross monthly income _____
- (b) Spouse monthly income: _____
- (c) Savings: _____
- (d) Checking: _____
- (e) Stocks & Bonds: _____
- (f) Mortgages: _____
- (g) Cash: _____
- (h) Furniture: _____
- (i) Vehicles: _____
- (j) Home equity: _____
- (k) Other: _____

TOTAL: _____

3.5 EXPENSES AND DEBTS

- (a) Monthly living expenses(itemized)
- Rent/House: _____
- Food: _____
- Utilities: _____
- Transportation: _____
- Insurance: _____
- Medical/Dental: _____
- Other: _____

(b) Debts:

Name of Creditors	Amount
_____	_____
_____	_____

TOTAL: _____

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS DOCUMENT AND THE PRECEDING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY.

DATE _____

SIGNATURE _____