



King County

Department of Judicial Administration

Catherine Cornwall, Director and Superior Court Clerk

(206) 296-9300 (206) 296-0100 TTY/TDD

CASE NO. : _____

DEFENDANT NAME: _____

FINANCIAL DECLARATION-DECLARATION OF FACTS-PAYMENT AGREEMENT

INSTRUCTIONS: Please complete and bring this form to your Review. Please be prepared to provide documents regarding your income and expenses. Bring documentation of the following items for the past three months: pay stubs, benefit award letters, current year Federal Tax Return, bank statements, lease/mortgage agreements, child support orders, utility statements, and any other financial documents indicating expenses or income.

GROSS MONTHLY INCOME

Defendant	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	PAY DAY (circle one) M T W T H F S M T W T H F S
Spouse	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	
*Children's Income:	_____	*Allotments _____			
*Retirement:	_____	*Welfare Aid/Public Aid _____			
*Social Security:	_____	*Child Support _____			
*Veterans Benefits:	_____	*Other Income _____			
TOTAL GROSS INCOME: _____					

FIXED MONTHLY EXPENSES

Food _____	House Insur. _____	Utilities: Gas & Electricity _____	Misc. _____
*Rent/Payment _____	Auto Insur. _____	Water & Sewer _____	Cable _____
Maintenance _____	Health Insur. _____	Telephone _____	_____
Real Estate tax _____	_____	_____	_____

Do you pay child support? YES NO Amount per month: _____ Do you receive public aid? YES NO Amount per month: _____

List All Monthly Installments You Are Paying

Name/Address of Finance Co./Bank/Other Creditors	Value	Balance	Monthly Payment	Description
MORTGAGE				
2 ND MORTGAGE				
CREDIT CARDS				
AUTO Yr. Make				
AUTO Yr. Make				
Other (Personal)				
Boats, Trailers, etc.				
*Checking Account #				
*Savings Account #				
*Stocks, Bonds, etc.				

TOTAL MONTHLY EXPENSES: _____

PAYMENT AGREEMENT

(Official Use Only)

I understand that under the provisions of RCW 9.94A, I am subject to all conditions and requirements the Court and the King County Superior Court Clerk's Office (DJA) may impose. Furthermore, I understand that I must comply with the instructions of the DJA-LFO Clerk and that I must provide any documentation requested by a DJA-LFO Clerk. Should I violate any of these conditions, requirements or instructions, I understand that I may be brought before the court for a hearing and/or imposition of additional sanctions.

Instructions:

- I am required to make minimum monthly payments to the King County Superior Court Clerk's Office.
- I am required to report any change of address to a DJA-LFO Clerk located in the Clerk's Office.
- Failure to make payments or report and address change and/or provide a valid address may result in further legal proceedings.

I agree to pay no less than \$ _____ per month beginning _____ to the King County Superior Court Clerk's Office, located at 516 Third Avenue, Room E609, Attn: Cashiers, Seattle, WA 98104 until my financial obligation is paid in full.

Defendant's Signature _____ Date: _____

LFO Signature _____ Date: _____

King County Courthouse:
516 Third Avenue Room E609
Seattle, WA 98104-2386

Maleng Regional Justice Center:
401 Fourth Avenue North Room 2C
Kent, WA 98032-4429

Clark Children & Family Justice Center:
1211 East Alder Room 3015
Seattle, WA 98122-5598

DECLARATION OF FACTS			
	Defendant	Spouse	
1. Full Name			
2. Res Address			
3. City, ST, Zip			
4. Home Phone			
5. Alt Phone			
6. Cell Phone			
7. Mail Address			
8. Citizenship			
9. Immigration #			
10. Birth Date			
11. Soc. Sec. #			
12. Occupation			
13. Employer			
14. Employer Address			
15. Employer Phone			
16. Employee #			
17. Driver's Lic. #			
18. Email Address			
19. Dependent's Full Name		DOB	Relationship

20. NEAREST LIVING RELATIVE OTHER THAN SPOUSE _____ RELATIONSHIP _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

22. PERSONAL STATEMENT: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THIS IS A FULL AND TRUE STATEMENT OF MY ASSETS AND OBLIGATIONS TO THE BEST OF MY KNOWLEDGE.

Defendant's Signature _____ Date: _____
 Executed at: _____ (City, State) _____

Witness' Signature _____ Date: _____

LFO Signature _____ Date: _____