



King County

Department of Judicial Administration

Barb Miner, Director and Superior Court Clerk
(206) 296-9300 (206) 296-0100 TTY/TDD

FINANCIAL DECLARATION-DECLARATION OF FACTS-PAYMENT AGREEMENT

INSTRUCTIONS: Please complete and be prepared to provide documents regarding your income and expenses. Provide documentation of the following items for the past three months: pay stubs, award letters, bank statements, lease/mortgage agreements, child support orders, utility statements, or any other financial documents indicating expenses or income.

Name:

Case Number:

GROSS MONTHLY INCOME

Table with columns for Defendant, Spouse/Partner, Children's Income, Retirement, Social Security, Veterans Benefits, and TOTAL GROSS INCOME. Includes sub-columns for Weekly, Biweekly, Monthly, Allotments, Child Support, Other Income, and public aid status.

FIXED MONTHLY EXPENSES

Table with columns for various expenses: Food, Rent, Child Care, Bus Fare/Car Gas, House Insur., Auto Insur., Health Insur., Garbage, Utilities: Gas, Electricity, Water & Sewer, Cell Phone, Telephone, Internet, Cable, Msc. Includes a row for child or maintenance support.

List All Monthly Installments You Are Paying

Table with columns: Name/Address of Finance Co./Bank/Other Creditors, Value, Balance, Monthly Payment, Description. Rows include MORTGAGE, CREDIT CARDS/LOANS, AUTO, and other personal property.

TOTAL HOUSEHOLD MONTHLY EXPENSES:\$ _____

DECLARATION OF FACTS

Table with columns: Defendant, Spouse. Rows include: 1. Full Name, 2. Home Address, 3. City, ST, Zip, 4. Home Phone, 5. Alt Phone.

King County Superior Court, Room E-609
516 Third Avenue, Seattle, WA 98104
(206)-477-0818

6. Cell Phone			
7. Mail Address			
8. Citizenship			
9. Immigration #			
10. Birth Date			
11. Soc. Sec. #			
12. Occupation			
13. Employer Name			
14. Employer Address			
15. Employer Phone			
16. Employee #			
17. Driver's Lic. #			
18. Email Address			
19. Dependent's Full Name	Age	Relationship	
20. Name of nearest living relative other than spouse		RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER ()			

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.

Signed at _____, on _____.
 (Place: City: State) (Date)

 Signature

 Print Name