

## **SNOHOMISH COUNTY DISTRICT COURT APPLICATION FOR REDUCTION IN FEES FOR PUBLIC RECORDS REQUESTS**

### **What is the Reduced Fee Program?**

Reduced fees for public records requests are provided to eligible persons based on the requestor's ability to pay. Ability to pay is determined by the household size and monthly income relative to a discount schedule based on the most recently available federal poverty income guidelines.

### **How to Apply?**

Requestors applying for reduced fees must provide a true and correct affidavit of monthly income and family size. Complete and email the attached Financial Declaration to Snohomish County District Court's Public Records Department: [SDC-PubDisclosure@snoco.org](mailto:SDC-PubDisclosure@snoco.org).

### **When to Apply?**

Applications for the Reduced Fee Program must be completed and submitted to Snohomish County District Court within 5 days of the initial records request. If the completed application is not provided within this time, the application for reduced fees will not be considered and requestor will be responsible for full payment of fees. No records will be provided until after determination of eligibility is made and all applicable fees, if any, are paid in full.

### **What Happens Next?**

Determination of eligibility will be made by Snohomish County District Court's Public Records Officer (PRO) or Public Disclosure Administrative Specialist (PDAS) within 10 days of receipt and will be final. No records will be provided until after determination of eligibility is made and all applicable fees are paid in full.

### **Additional Questions?**

If you have any other questions about the Reduced Fee Program for Public Records Requests, please contact Snohomish County District Court's Public Disclosure Department:

[SDC-PubDisclosure@snoco.org](mailto:SDC-PubDisclosure@snoco.org)

(425) 262-2405 office

## Financial Declaration

**1. Household:** Including me, the following number of people live in my home:

I provide support to people who live with me: How many? \_\_\_\_\_ Age(s): \_\_\_\_\_

**2. Education:** Highest grade I completed or degree I achieved:

**3. My Income**

Unemployed Last date worked: \_\_\_\_\_  
Reason(s) not working: \_\_\_\_\_

Employed How long? \_\_\_\_\_  
Employer Name: \_\_\_\_\_

Monthly income after taxes: \$ \_\_\_\_\_

**4. Other Sources of Household Income Per Month**

Source \$ \_\_\_\_\_

Source \$ \_\_\_\_\_

Source \$ \_\_\_\_\_

**5. Total Income (Section 3 and 4)** \$ \_\_\_\_\_

**6. Household Assets**

Cash on hand \$ \_\_\_\_\_

Checking Account Balance \$ \_\_\_\_\_

Savings Account Balance \$ \_\_\_\_\_

Auto #1 (Value less loan) \$ \_\_\_\_\_

Auto #2 (Value less loan) \$ \_\_\_\_\_

Home (Value less mortgage) \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Household Assets** \$ \_\_\_\_\_

**7. My Monthly Household Expenses:**

Rent/Mortgage: \$ \_\_\_\_\_

Food/Household Supplies: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Ordered Maintenance actually paid: \$ \_\_\_\_\_

Ordered Child Support actually paid: \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_

Education Expenses: \$ \_\_\_\_\_

Insurance (car, health): \$ \_\_\_\_\_

Medical Expenses: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**8. My Other Debts with Monthly Payments**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total Other Debts** \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**I Receive the Following Needs Based Benefits:**

- Temporary Assistance for Needy Families (TANF)
- Federal Supplemental Security Income (SSI)
- Food Stamp Program (FSP)
- Medicaid / Medical services under RCW 74.09.035
- Refugee resettlement benefits

- State assistance as unemployable (GA-U or GA-X);
- Federal poverty-related veteran's benefits; or
- Aged, blind, or disabled assistance benefits,
- Pregnant women assistance benefits,
- Other:

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. I understand that the Court may require me to provide documentation proving the above assertions.

Dated \_\_\_\_\_ Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Declarant's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_