BOTHELL MUNICIPAL COURT
FOR KING AND SNOHOMISH COUNTIES, WASHINGTON

DECLARATION OF INABILITY TO PAY FINE ON TRAFFIC/PARKING/CAMERA TICKET(S)

Pursuant to IRLJ 2.4(b)(5)(i), individuals charged with traffic, parking, or camera tickets may request a reduction in fine amounts, a payment plan, or community service in lieu of fine by completing and submitting this document to the Bothell Municipal Court.

Name: **Citation/Case Number:**

I, hereby declare that the following answers are true and correct.

1. I receive state or federal public benefits (including, but not limited to: Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), medical care services under RCW 74.09.035, Medicaid, pregnant women assistance benefits, poverty-related veteran stamps or food stamp benefits transferred electronically, or refugee resettlement benefits.

☐ Yes ☐ No

2. Are you currently employed? ☐ Yes ☐ No

   a. If you are employed, please check the box below that accurately describes the number of people who depend on you for support and the level of income you receive before taxes:

☐	I have no dependents and my income is less than $16,987.50 per year ($1,415.63 per month)
☐	I have 1 dependent and my income is less than $22,887.50 per year ($1,907.29 per month)
☐	I have 2 dependents and my income is less than $28,787.50 per year ($2,398.96 per month)
☐	I have 3 dependents and my income is less than $34,687.50 per year ($2,890.63 per month)
☐	I have 4 dependents and my income is less than $40,587.50 per year ($3,382.29 per month)
☐	I have 5 dependents and my income is less than $46,487.50 per year ($3,873.96 per month)
☐	I have 6 dependents and my income is less than $52,387.50 per year ($4,365.63 per month)
☐	I have 7 or more dependents and my income is less than $58,287.50 per year ($4,857.20 per month)
☐	None of the above apply. This means that I need to either screen for a public defender or hire a lawyer by my next hearing.

   b. If you are not currently employed, are you receiving unemployment benefits? ■ Yes ☐ No

I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is true and correct.

Signed this day of , 20 at
(City/State where signed)

☐ Electronic signature authorized Defendant Signature