



**DES MOINES MUNICIPAL COURT  
NORMANDY PARK MUNICIPAL COURT**

21630 11th Ave. S. Suite "C", Des Moines, WA 98198-6398

Court Telephone Number: 206-878-4597 Court E-Mail: court@desmoineswa.gov

**DECLARATION OF INABILITY TO PAY FINE & REQUEST FOR PAYMENT PLAN**

Complete this form if are asking the Judge to give you time to pay your fine(s) on the ticket(s) noted below. Sign and date the form once completed and submit to the Court by U.S. mail or E-mail to the addresses noted above. The Judge will review your request and you will receive written notice of the Court's decision by mail.

**Ticket Number(s):** \_\_\_\_\_

1. I admit that I am responsible for committing the violation(s) but I do not have the current ability to pay the fine(s) in full.

2. I am asking the Judge to:

☐ Reduce my fine(s).    ☐ Set up a payment plan.    ☐ Allow me to complete community service hours instead of paying a fine.

3. 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 veterans' benefits, food stamps or food stamp benefits transferred electronically, or refugee resettlement benefits.

☐ Yes    ☐ No

4. Are you currently employed?

☐ Yes    ☐ No

a. If you are employed, please check the box below that accurately describes the number of people in your household that you support and the level of income you receive before taxes:

<input type="checkbox"/>	I have no dependents and my yearly income is less than \$13,590.
<input type="checkbox"/>	I have 1 dependent and my yearly income is less than \$18,310.
<input type="checkbox"/>	I have 2 dependents and my yearly income is less than \$23,030.
<input type="checkbox"/>	I have 3 dependents and my yearly income is less than \$27,750.
<input type="checkbox"/>	I have 4 dependents and my yearly income is less than \$32,470.
<input type="checkbox"/>	I have 5 dependents and my yearly income is less than \$37,190.
<input type="checkbox"/>	I have 6 dependents and my yearly income is less than \$41,910.
<input type="checkbox"/>	I have 7 or more dependents and my yearly income is less than \$46,630.
<input type="checkbox"/>	None of the above apply.

b. If you are not currently employed, are you receiving unemployment benefits?

☐ Yes      ☐ No

5. Is there other information you would like the Judge to know relating to your inability to pay? If so, please include that information here:

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

Signed on: \_\_\_\_\_ at \_\_\_\_\_  
Date City & State Where Signed

\_\_\_\_\_  
Defendant's Signature ☐ Electronic signature authorized

Submit the completed form to the Court as follows:

U.S. Mail: Des Moines Municipal Court, 21630 11<sup>th</sup> Ave. South, Suite C, Des Moines, WA 98198.

E-mail: [court@desmoineswa.gov](mailto:court@desmoineswa.gov)