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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

STATE OF WASHINGTON,	)	CAUSE NO.
)	
<i>Plaintiff,</i>	)	NOTICE OF APPEAL TO
	)	THE COURT OF APPEALS
v.	)	(CLERK'S ACTION REQUIRED)
)	
)	
<i>Defendant</i>)	
_____)	

Defendant seeks review by the Court of Appeals of the State of Washington, Division I, of Judgment and Sentence entered on _____. A copy of the decision is attached to this notice.

Respectfully submitted this ____ day of _____, _____.
Attorney for Plaintiff

Attorney Name, WSBA No.
Attorney for the Defendant

Name and Address of Defendant:
Defendant's Name:

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

STATE OF WASHINGTON,	)	CAUSE NO.
)	
<i>Plaintiff,</i>	)	MOTION AND DECLARATION FOR AN
	)	ORDER TO PROCEED IN FORMA
v.	)	PAUPERIS ON APPEAL
)	
)	
<i>Defendant</i>)	
)	

Defendant moves that the Court enter an Order finding that Defendant is unable by reason of poverty to pay for expenses of appellate review, that the costs set forth in the accompanying Declaration be waived or provide at public expense, and that trial counsel be allowed to withdraw upon the appointment of appellate counsel for defendant.

In support thereof Defendant states as follows:

1. The Defendant is indigent and unable to pay the expenses of Defendant appeal. (See Attached Declaration)
2. The appeal is taken in good faith. (See attached Declaration)
3. In addition to the relevant Clerk's Papers and Exhibits, the following hearing needs to be transcribed in order to adequately review the issues listed and relief requested on Defendant's declaration:

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

STATE OF WASHINGTON,) CAUSE NO.
)
Plaintiff,) DECLARATION OF DEFENDANT
)
v.)
)
)
)
Defendant)
)

, the Defendant herein, states:

FINANCIAL DATA

ASSETS AND INCOME OF DEFENDANT

Employment History

	<u>Name of Employer</u>	<u>Dates of Employment</u>	<u>Monthly Income</u>
a)			
b)			

Other Sources of Income

1 **Assets (e.g. car, bank accounts, money on hand, etc.)**

2	<u>Item</u>	<u>Estimated Value</u>
3	a)	
4	b)	
5	c)	

5 **Current Total Assets and Income**

6	Monthly Income	\$
7	Total Assets:	

8 **EXPENSES AND LIABILITIES**

9 **Dependents. The following persons are dependent upon me for financial support:**

10	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
11	a)		
12	b)		

13 **Monthly Expenses (e.g. rent, mortgage payments, food, utilities, notes, etc.)**

14	<u>Item</u>	<u>Monthly Expense</u>	<u>Balance Due (if any)</u>
15	a) Rent		
16	b) Food		
17	c) Transportation (Metro)		
18	d) Insurance		
19	e) Municipal Court		
20	f) Misc.		

19 **Current Total Expenses and Liabilities**

20	Monthly Expense:	\$
21	Long Term Liabilities:	

22 **Defendant can contribute the following toward expenses of appeal:**

23 \$ _____, and has previously been determined indigent by the Office of
24 Public Defense.

25 **APPEAL DATA**

26 **The nature of the case defendant is appealing is: _____**

1 **Defendant is seeking the following relief:**

- 2 Reversal of his conviction(s);
3 Reversal and remand for a new trial;
4 New Sentencing hearing;
5 Vacation of special verdicts;
6 Other _____

7 **I wish all issues reviewed which may result in the relief requested above. More specifically,**

8 **I wish the following issues reviewed:**

- 9 a)
10 b)

11 **The costs sought to be waived or provided at public expense are: a) Filing fee; b) Certified**
12 **Copy, in forma pauperis Order Appointing Counsel; c) Report of Proceedings; d) Clerk's**
13 **Papers; e) Cost of reproducing brief on appeal; f) Costs of professional services of**
14 **appointed counsel and any actual expenses incurred by said counsel, excluding normal**
15 **overhead; g) Other: _____.**

16 **I believe my appeal is in good faith and has probable merit.**

17 I declare under penalty of perjury under the laws of the State of Washington that
18 the foregoing is true and correct.

19 _____, Date and Place, Defendant

20
21 I am fluent in the _____ language, and I have translated this entire document for the
22 Defendant from English into that language. The defendant has acknowledged his or her
23 understanding of both the translation and the subject matter of this document. I certify under
24 penalty of perjury under the laws of the State of Washington that the foregoing is true and
25 accurate.

26 SIGNED in _____, Washington, this _____ day of _____, _____.

27 _____
28 Interpreter

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

STATE OF WASHINGTON,	)	CAUSE NO.
)	
<i>Plaintiff,</i>	)	ORDER AUTHORIZING APPEAL IN
	)	FORMA PAUPERIS, APPOINTMENT OF
v.	)	COUNSEL AND PREPARATION OF
	)	RECORD
)	
)	
<i>Defendant</i>)	
)	

THIS MATTER having come on before the undersigned Judge of the above-entitled Court, upon the motion of defendant, and the Court having considered the affidavit in support of the motion, and being fully advised, now, therefore

IT IS ORDERED

1. That the defendant is unable by reason of poverty to pay for any of the expenses of appellate review.
2. That the defendant cannot contribute anything toward the costs of appellate review.
3. That the filing fee is waived.
4. That the statement of facts shall be prepared at public expense and shall contain a verbatim report of the following proceedings, all of which are necessary for review of assignments of error:

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

STATE OF WASHINGTON,) CAUSE NO.
)
Plaintiff,) DECLARATION OF SERVICE
)
v.)
)
)
)
Defendant)
_____)

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I, _____, declare under penalty of perjury of the laws of the
State of Washington that the following is true and correct:

That I am an American citizen over 18 years of age; that on _____, I
personally served the attorney for plaintiff with one copy of Notice of Appeal in the above-
captioned cause by delivering the same to the King County Prosecutor's Office, Appellate Unit,
W554 King County Courthouse, 516 Third Avenue, Seattle, Washington 98104.
