

# KING COUNTY SUPERIOR COURT

## Family Court Operations

King County Courthouse  
516 Third Avenue, Suite W-280  
Seattle, WA 98104

Maleng Regional Justice Center  
401 Fourth Avenue North, Room 1D  
Kent, WA 98032



### FEE REDUCTION OR WAIVER REQUEST FORM

**STANDARD CONDITIONS:** In order to be granted a fee reduction or waiver, you must declare that payment of the fee(s) to be reduced or waived would cause a financial hardship.

You must:

1. Submit proof of state or federal benefits that is needs-based such as TANF, SSI, SSDI; or
2. Submit proof of after-tax (net) income that is less than \$20,000 per year such as a Federal Income Tax Return, current pay stub, current unemployment stub; or
3. Submit proof of after-tax (net) income that is below 125% of the Federal Poverty Guidelines; or
4. Complete the attached Declaration in Support of Fee Reduction or Waiver Request verifying that your income meets the above guidelines.

#### 2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	125% Poverty guideline
1	\$11,490	\$14,363
2	\$15,510	\$19,388
3	\$19,530	\$24,413
4	\$23,550	\$29,438
5	\$27,570	\$34,463
6	\$31,590	\$39,488
7	\$35,610	\$44,513
8	\$39,630	\$49,538

\*For families/households with more than 8 persons, add \$4,020 for each additional person in the Poverty guideline column.

# Superior Court of Washington for King County

## Family Court Operations

### Declaration in Support of Adoption Fee Reduction or Waiver Request

I, \_\_\_\_\_ [Print Name], King County Cause No: \_\_\_\_\_,  
declare that I meet the criteria for a Fee Reduction or Waiver for the following reason(s):

My family/household consists of \_\_\_\_\_ persons.

- My after-tax (net) income is \$ \_\_\_\_\_, which is:
- less than \$20,000, but is above 125% of the Federal Poverty Guidelines.
  - less than 125% of the Federal Poverty Guidelines.
- I receive Federal or State benefits, held in my name, which include:
- SSI or SSDI.
  - ProviderOne Services card.
  - State Health Insurance.
  - TANF.
  - EBT Card.

I am requesting my fee be reduced or waived for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

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

Signed at \_\_\_\_\_, [City] \_\_\_\_\_ [State] ON \_\_\_\_\_ [Date].

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Print Name

#### For FCO staff use only:

- \$60.00 Non-ID Fee was: reduced to \$30.00  \$15.00;  waived.
- \$30.00 Petition to Access Fee was: reduced to \$20.00  \$5.00;  waived.
- \$20.00 Adoption Packet Fee was: reduced to \$10.00  \$5.00;  waived.
- \$20.00 Adoption Paralegal Facilitation Fee was: reduced to \$10.00  \$5.00;  waived.
- \$15.00 Checklist Fee was: reduced to \$10.00  \$5.00;  waived.
- Fee Waiver Request denied for the following reason(s) \_\_\_\_\_.

Date of Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_