King County District Court Division Courthouse	
Petitioner(s), v. Respondent(s).	Case No MOTION & DECLARATION IN FORMA PAUPERIS FOR INTERPRETER SERVICE
I am a party to this proceeding. My acmy intention to proceed to a final reso	ction or defense is brought in good faith and it is lution of it.
impairment of hearing or speech, or no Therefore I cannot be fully protected in available to assist me. I cannot, withou	(Language)
declare that the foregoing and attache	ed statements are true and correct upon penalty of ate of Washington.
Date:	Petitioner's/Respondent's Signature Place where signed: In Forma Pauperis motion and declaration Revised 9/03

If applicable:	
I am fluent in the	language and I have translated this
entire document for the petitioner/responder petitioner/respondent has acknowledged his the subject matter of this document. I certified the state of Washington that the foregoing it	ent from English to that language. The sher understanding of both the translation and fy under the laws of
Date:	Place where signed:
Interpreter's Signature	Petitioner's signature
Interpreter's printed name	Petitioner's/Respondent's Printed Name

Financial Statement (Please fill in or check all blank spaces)

1 My name is	fam	years of age
2 My Spouse's name is	Who is	years of age
Self	Spouse	
3 Employer:	3 Employees	
Employer's address:	3 Employer: Employer's address:	
Full-time: Part time:		
- abadiso,	Full-time: Par	l time:
i if Unemployed:	4 If Unemployed:	
a. Reason:	_ l a. Reason:	
b. Date of last employment:	f L D. Dale of isst employment	
c. Reason for termination:	c. Reason for termination:	
Other sources of income per month:		
	5 Other sources of income per month:	
	Public Assistance:	\$
	Unemployment Compensation:	\$
Industrial Insurance: \$	Gifts:	\$
Other (list source) \$		\$
	Coner (list source)	\$
My monthly expenses are:	6 My spouse's monthly expense	s are:
Rent (or mortgage)	Rent (or mortgage)	\$
F000 \$	Food	\$
Omities \$	Utilities	\$
Transportation \$	Transportation	S
Medical/dental \$	Medical/dental	\$
Daycare \$	Daycare	\$
Tultion \$	Tuition	\$
misurance \$	Insurance	\$
Other (List) \$	_ Other (List)	\$
TOTAL \$	TOTAL	\$
The following people live with me:		
Name: Age:	Relationship:	
Name: Age:	Relationship:	**************************************
Name: Age:	Relationship;	
l owe the following debts (Person or Company)	9 My assets and equity values an	
Creditor	Home	\$
Monthly payment: \$	Checking Account	\$
MOUNTAL PROPERTY.	*	
Creditor	Sevings Account	₹
Greditor Monthly payment: \$		
Creditor Monthly payment: \$ Creditor	Automobiles: (Make & year)	\$
Creditor Creditor		\$
Monthly payment: \$ Creditor Monthly payment: \$ Creditor	Automobiles: (Make & year)	\$ \$ \$
Monthly payment: \$		\$
Monthly payment: \$ Creditor Monthly payment: \$ Creditor	Automobiles: (Make & year) Cash on Hand	\$

Revised 9/03

King County District Court Division Courthouse Petitioner(s), Case No. vi. **ORDER AUTHORIZING** INTERPRETER SERVICES AT PUBLIC EXPENSE Respondent(s). **CLERK'S ACTION REQUIRED** The court having reviewed the motion and declaration for appointment of an interpreter at public expense, therefore IT IS HEREBY ORDERED, _____language is appointed to (1) THAT an interpreter in the perform interpretation services during legal proceedings in this matter at public expense, and this order may at any time within one year be reviewed on motion of the Court, or any party. (2) THAT payment for said interpreter services shall be at a reasonable rate not to exceed \$40/hour for uncertified, \$45/hour for registered or \$50/hour for Washington State Court certified interpreters, and subject to payment policies adopted by the Court and available from the Office of the Presiding Judge. Judge/Court Commissioner Presented By: Petitioner/Respondent Telephone Number