

## FINANCIAL DECLARATION-DECLARATION OF FACTS-PAYMENT AGREEMENT

INSTRUCTIONS: Please complete and submit this form to Kittitas County Clerk's Office, 205 W 5<sup>th</sup> Ave, Ste 210, Ellensburg, WA 98926. Please be prepared to provide documents regarding your income and expenses, including the following items: the past three months pay stubs; benefit award letters; current year Federal Tax Return; bank statements; lease/mortgage agreements; child support orders; utility statements; and any other financial documents indicating expenses or income.

**CASE NO. :** \_\_\_\_\_  
**DEFENDANT NAME:** \_\_\_\_\_

### GROSS MONTHLY INCOME

Defendant	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	<i>PAY DAY (circle one)</i> M T W TH F S  M T W TH F S
Spouse/other	_____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	
*Children's Income: _____		*Allotments _____			
*Retirement: _____		*Welfare Aid/Public Aid _____			
*Social Security: _____		*Child Support _____			
*Veterans Benefits: _____		*Other Income _____			
<b>TOTAL GROSS INCOME:</b> _____					

### FIXED MONTHLY EXPENSES

Food _____	House Insur. _____	Utilities: Gas & Electricity _____	Misc. _____
*Rent/Payment _____	Auto Insur. _____	Water & Sewer _____	Cable _____
Maintenance _____	Health Insur. _____	Telephone _____	_____
Real Estate tax _____	Other _____	Collections _____	_____

Do you pay child support?    YES    NO    Amount per month: \_\_\_\_\_    Do you receive public aid?    YES    NO    Amount per month: \_\_\_\_\_

#### List All Monthly Installments You Are Paying

Name/Address of Finance Co./Bank/Other Creditors	Value	Balance	Monthly Payment	Description
MORTGAGE				
2 <sup>ND</sup> MORTGAGE				
CREDIT CARDS				
AUTO      Yr.      Make				
AUTO      Yr.      Make				
Other (Personal)				
Boats, Trailers, etc.				
*Checking Account #				
*Savings Account #				
*Stocks, Bonds, etc.				

**TOTAL MONTHLY EXPENSES:** \_\_\_\_\_

### PAYMENT AGREEMENT

(Official Use Only) I understand that under the provisions of RCW 9.94A, I am subject to all conditions and requirements the Court and the Kittitas County Superior Court Clerk's Office may impose. Furthermore, I understand that I must comply with the instructions of the Collections Specialist and that I must provide any documentation requested by the Collections Specialist. Should I violate any of these conditions, requirements, or instructions; I understand that I may be brought before the court for a hearing and/or imposition of additional sanctions.

**Instructions:**

- I am required to make minimum monthly payments to the Kittitas County Superior Court Clerk's Office.
- I am required to report any change of address to the Collections Specialist located in the Clerk's Office.
- Failure to make payments or report an address change and/or provide a valid address may result in further legal proceedings, including a yearly collection fee under RCW 36.18.016(29)
- I agree to pay no less than \$ \_\_\_\_\_ per month beginning \_\_\_\_\_ to the Kittitas County Superior Court Clerk's Office, located at 205 West 5<sup>th</sup> Avenue, Suite 210, Ellensburg, WA 98926 until my financial obligation is paid in full.

Defendant's Signature _____	Date: _____
Collection Specialist's Signature _____	Date: _____

**DECLARATION OF FACTS**

	Defendant	Spouse/other	
1. Full Name			
2. Res Address			
3. City, ST, Zip			
4. Home Phone			
5. Cell Phone			
6. Mail Address			
7. Citizenship			
8. Immigration #			
9. Birth Date			
10. ████████			
11. Occupation			
12. Employer			
13. Date started			
14. Employer Address			
15. Employer Phone			
16. Previous Employer			
17. Driver's Lic. #			
18. Email Address			
19. Dependent's Full Name		DOB	Relationship

20. NEAREST LIVING RELATIVE OTHER THAN SPOUSE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER ( ) \_\_\_\_\_

21. MEDICAL/HEALTH PROBLEMS

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22. PERSONAL STATEMENT:

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**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THIS IS A FULL AND TRUE STATEMENT OF MY ASSETS AND OBLIGATIONS TO THE BEST OF MY KNOWLEDGE.**

Defendant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Executed at: \_\_\_\_\_ (City, State) \_\_\_\_\_  
 Witness' Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Financial Collections \_\_\_\_\_ Date: \_\_\_\_\_  
 Specialist's Signature \_\_\_\_\_ Date: \_\_\_\_\_