

**Superior Court of Washington**  
For County of Wahkiakum

Shane-Michael T. Renecker  
Petitioner/Plaintiff,  
vs.  
Amielia Elizabeth Renecker  
Respondent/Defendant.

No. \_\_\_\_\_

**Motion and Declaration For Waiver of  
Civil Fees and Surcharges  
(MTWVF)**

**I. Motion**

- 1.1 I am the [ ] petitioner/plaintiff [x] respondent/defendant in this action.  
1.2 I am asking for a waiver of fees and surcharges under GR 34.

**II. Basis for Motion**

- 2.1 GR 34 allows the court to waive "fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Dated: 2/13/23

  
\_\_\_\_\_  
Signature of Requesting Party

Amielia E. Renecker  
\_\_\_\_\_  
Print or Type Name

**III. Declaration**

I declare that,

- 3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.  
3.2 In addition to the information in the financial statement I would like the court to consider the following:

Mt and Decl for Civil Fee Waiver (MTWVF) - Page 1 of 2  
WPF GR 34.0100 (07/2019) – GR 34

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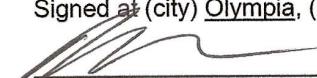
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☐ (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

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

Signed at (city) Olympia, (state) Washington on (date) 2/13/23.

  
Signature

Amielia E. Renecker  
Print or Type Name

Case Name: Renecker v. Renecker Case Number: \_\_\_\_\_

Financial Statement (Attachment)			
1. My name is: Amielia E. Renecker			
2. <input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
<b>3. My Monthly Income:</b>		<b>6. My Monthly Household Expenses:</b>	
Employed <input type="checkbox"/>	Unemployed <input checked="" type="checkbox"/>	Rent/Mortgage:	\$ 1085
Employer's Name: <u>NA</u>		Food/Household Supplies:	\$ 200
Gross pay per month (salary or hourly pay):	<u>0</u>	Utilities:	\$ 300
Take home pay per month:	<u>0</u>	Transportation:	\$ 100
<b>4. Other Sources of Income Per Month in my Household:</b>		Ordered Maintenance actually paid:	\$ 0
Source: SSI	\$ <u>0</u>	Ordered Child Support actually paid:	\$ 0
Source:	\$ <u>0</u>	Clothing:	\$ 0
Source:	\$ <u>0</u>	Child Care:	\$ 0
Source:	\$ <u>0</u>	Education Expenses:	\$ 0
Sub-Total: \$ <u>0</u>		Insurance (car, health):	\$ 0
<input type="checkbox"/> I receive food stamps.		Medical Expenses:	\$ 0
Total Income, lines 3 (take home pay) and 4: \$ _____		Sub-Total: \$ 1685	
<b>5. My Household Assets:</b>		<b>7. My Other Monthly Household Expenses:</b>	
Cash on hand:	\$ <u>0</u>		\$ <u>0</u>
Checking Account Balance:	\$ <u>0</u>		\$ <u>0</u>
Savings Account Balance:	\$ <u>0</u>		\$ <u>0</u>
Auto #1 (Value less loan):	\$ <u>0</u>		\$ <u>0</u>
Auto #2 (Value less loan):	\$ <u>0</u>	Sub-Total: \$ <u>0</u>	
Home (Value less mortgage):	\$ <u>0</u>	<b>8. My Other Debts with Monthly Payments:</b>	
Other:	\$ <u>0</u>	Credit Card Payment	\$ <u>0</u> /mo
Other:	\$ <u>0</u>		\$ <u>0</u> /mo
Other:	\$ <u>0</u>		\$ <u>0</u> /mo
Other:	\$ <u>0</u>		\$ <u>0</u> /mo
Other:	\$ <u>0</u>	Sub-Total: \$ <u>0</u>	
Total Household Assets: \$ <u>0</u>		Total Household Expenses and Debts, lines 6, 7, and 8: \$ 1685	
Date: <u>2/13/23</u>		Signature: <u>[Signature]</u>	