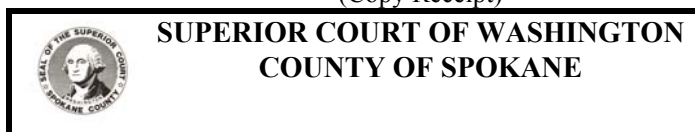


(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE**

Petitioner: _____

vs.

Respondent: _____

CASE NO. _____

**MOTION AND DECLARATION FOR
ASSIGNMENT OF LAWYER**

(MTAF)

I. MOTION

- 1.1 I, the undersigned: Petitioner Respondent in this matter moved the court for an order appointing a lawyer to represent me at public expense;
- 1.2 The following declaration is made in support of this motion.
- 1.3 I UNDERSTAND THAT ANY STATEMENT THAT I MAKE IN THE FOLLOWING DECLARATION MAY BE USED AGAINST ME.

II. DECLARATION

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

- 2.1 I am: The respondent The petitioner in this matter;
- 2.2 I want a lawyer to represent me in this matter;
- 2.3 I am financially unable to obtain the services of a lawyer without causing substantial hardship to myself or my family;

2.4 I declare under penalty of perjury that the following information is true and intended to be relied upon by the court and other persons or agencies in determining my eligibility for legal service to be furnished me at public expense.

III. FINANCIAL STATEMENT

3.1 General Information

(a) Name: _____ (c) Social Security No.: _____

(b) Address: _____ (d) Telephone No.: _____
(Street)

_____ (e) Date of Birth: _____
(City/State) MM / DD / YYYY

(f) Marital Status:

Married _____
Divorced _____
Separated _____
Single _____

(g) Persons whom you financially support: List children's names, ages, and if different,

Spouse address: _____
Children _____
Other _____

(h) Are you presently employed:

Yes No

Name and address of employer, or if currently unemployed, prior employer:

Length of employment: _____

Occupation: _____

(i) Is spouse employed?

Yes No

Name and address of employer:

Occupation: _____

3.2 INCOME AND ASSETS

(a) Gross monthly income _____

3.3 EXPENSES AND DEBTS

(a) Monthly living expenses _____

(personal)	(itemize):
(b) Gross monthly income _____ (spouse) _____	Rent or Mortgage _____ Food _____
(c) Other income _____	Utilities _____
(d) Cash:	Transportation _____
Savings account _____	Installment payments _____
Checking account _____	Medical & dental _____
On hand _____	Insurance _____
(e) Home-cash value _____ less amount owing _____	Other _____
(f) Auto-cash value _____ less amount owing _____ (list make & year) _____	(b) Debts:
_____	Name/creditor Amount owed
_____	_____
_____	_____
(g) Furniture _____ (approximate value)	
(h) Notes, mortgages, _____ trusts, deeds	
(i) Stocks, bonds _____ (approximate value)	
(j) Other assets and _____ property	
(k) Any indebtedness _____ owed to you	

Date _____

Signature _____