



CITY OF
MUKILTEO

Office of Administrative Hearings

11930 Cyrus Way
Mukilteo, WA
425-263-8022

FINANCIAL HARDSHIP & PAYMENT PLAN APPLICATION

If paying your citation in full would cause hardship, you may be eligible for a payment plan or other financial relief. If you currently receive public assistance under RCW 74 or the WIC program, you may be entitled to a reduced penalty.

To be considered, you must submit this form within 30 days of the infraction (or 33 days if mailed).

If you do not pay your infraction or sign an authorized Payment Plan Agreement, your balance may be sent to collections, additional fees may apply, and the Department of Licensing may refuse to renew your vehicle registration. You must sign and return the agreement before your plan becomes valid.

By submitting this form, you are requesting financial assistance and may be asked to provide supporting documentation.

How to Submit Your Application:

- Please return this completed form using one of the following methods:
- Email: Court@MukilteoWA.gov
- In Person or by Mail:
Office of Administrative Hearings,
11930 Cyrus Way, Mukilteo, WA 98275

What to Expect:

- If approved, you will receive a Payment Plan Agreement and/or instructions on verifying community service hours.
- If denied, you will be notified. You must then pay the full penalty by the due date

What to Include:

- This completed and signed application form
- Current contact information.
- Supporting Documents (Optional but Encouraged): You may attach recent documents that support your application, such as proof of public assistance, income, or major monthly expenses. Submitting these documents may help expedite review and approval of your request.
- If your infraction has already been sent to collections or is currently subject to an active payment plan, then you must also submit a Motion for Reconsideration

Please note: While this form may be subject to public records requests under RCW 42.56, financial and identifying information provided here is protected under RCW 42.56.230(4) and will be redacted prior to disclosure.

Print Name (First & Last): _____ Ticket Number: _____

Phone Number: _____ License Plate Number: _____

Address: _____ City, State, Zip: _____

Email: _____ ☐ I consent to email service of case documents

Signature

Date



BEFORE THE HEARING EXAMINER
FOR THE CITY OF MUKILTEO

City of Mukilteo
Plaintiff

vs

Defendant

Ticket Number: _____

License Plate No: _____

DECLARATION OF DEFENDANT'S
FINANCIAL STATUS

I am requesting (check all that apply):

- ☐ A payment plan of \$50.00 per month.
- ☐ A reduced monthly payment plan of \$_____ per month
- ☐ I am requesting a reduced penalty or payment plan because I receive the following public benefits (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Refugee Resettlement Benefits |
| <input type="checkbox"/> Aged, Blind, or Disabled Assistance | <input type="checkbox"/> Medicaid / Apple Health |
| <input type="checkbox"/> Medical Care Services (under RCW 74.09.035) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Pregnant Women Assistance | <input type="checkbox"/> WIC (Women, Infants, and Children) |
| <input type="checkbox"/> Food Stamps (SNAP/EBT) | |

My DSHS Client ID is: _____

My total household monthly income is \$_____ Number of People in Household: _____.

My employment status is (check one):

- ☐ Employed: Position _____ Wage: \$_____/hr
- ☐ Unemployed – Last job: _____ Year: _____
- ☐ Other: _____

Estimated Monthly Expenses and Outstanding Debt:



Other limitations affecting your ability to pay:

- ☐ I cannot make any monthly payments at this time.
- ☐ I can make payments of \$_____ per month starting _____.
- ☐ I would like the Hearing Examiner to consider converting part or all of my fine to community service. I can complete ____ hours each month. (Note: You don't need to show financial hardship to ask for community service. If approved, you'll get a form explaining how to track your hours.)
- ☐ I understand that the Office of Administrative Hearings may require verification of the information provided above. I authorize the Washington State Department of Social and Health Services (DSHS) to release data confirming my receipt of public assistance benefits to the City of Mukilteo Office of Administrative Hearings. I understand this data will be used only to verify my eligibility for fine reduction or payment plan approval.
- ☐ I understand that I must sign and return the Payment Plan Agreement before my plan or community service arrangement becomes valid. Failure to return the signed agreement may result in the full penalty becoming immediately due and subject to collections.
- ☐ I understand that I must notify the City of Mukilteo, Office of Administrative Hearings if my financial situation changes. Perjury is a criminal offense (RCW 9A.72).

I, _____, declare under penalty of perjury under the laws of the State of Washington that the information I have provided is true and correct to the best of my knowledge. I understand that false swearing is a crime under RCW 9A.72.040 and may result in criminal prosecution.

Signature: _____ Date: _____

City, State _____

-FOR OFFICIAL USE ONLY-	
DETERMINATION OF ELIGIBILITY FOR REDUCED PAYMENTS	
<input type="checkbox"/> Eligible for Reduced Payments \$_____	<input type="checkbox"/> Not Eligible for Reduced Payments
Reviewed on: _____	Reviewer: _____

