**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF CLALLAM**

No. _____

FINANCIAL CERTIFICATE

Fill out in complete detail. If you leave any space blank it means that it does not apply to you or it is zero.

1. NAME: _____

2. List all persons whom you support:

| NAME | RELATIONSHIP TO YOU | ADDRESS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

3. Name of employer: _____

   Employer's address: _____

   CITY STATE ZIP

   *Monthly take home pay:* $_____

4. Name of spouse's employer: _____

   *Monthly take home pay:* $_____

5. If you or your spouse have income from any other source list:

| SOURCE OF INCOME | MONTHLY AMOUNT |
|---|---|
| | |

6. Assets of you and/or your spouse:

| | |
|---|---|
| a. CASH | $_____ |
| b. SAVINGS ACCOUNTS | $_____ |
| c. CHECKING ACCOUNTS | $_____ |
| d. REAL PROPERTY (value less debt) | $_____ |
| e. AUTOMOBILES | $_____ |
| f. HOUSEHOLD GOODS/FURNITURE | $_____ |
| g. STOCKS/BONDS/MUTUAL FUNDS | $_____ |
| h. NOTES/ MORTGAGES/ TRUSTS | $_____ |
| i. DEBTS OWED YOU OR SPOUSE | $_____ |
| j. OTHER ASSETS | $_____ |

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. DATED THIS _____ DAY OF _____, 19_____, AT PORT ANGELES, WASHINGTON.**

_____

SIGNATURE

SCOMIS CODE-FNST (DOC.SEALED)