**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Court of Washington, County/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|   Plaintiffvs. Defendant | No.**Motion and Affidavit for Order for Compensation for Third Party Verified Expenses****(MT3DEXP)** |

**Motion and Declaration for Order for Compensation for Third Party Verified Expenses**

1. Defendant asks the court for an order to reimburse verified, third party expenses based on ESSB 5187, the case record and files, and Defendant’s declaration.

Dated:

 Defendant/Defendant's Attorney/WSBA #

 Print Name

2.Defendant’s Declaration:

 I, *(name)* , state as follows:

I was convicted of possession of a controlled substance offense(s) and as a result of this conviction, I paid the following expenses. **Proof of these payments are attached to this declaration.**

Expense for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expense for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I declare under penalty of perjury under the laws of the state of Washington that the foregoing is, to the best of my knowledge, true and correct.

Signed on *(date)* at *(city or county)* , Washington.

Defendant’s Signature Print Name

*Street Address or PO Box City State Zip*