

## Wahkiakum County District Court

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**HEIDI L. HEYWOOD**  
Judge

**CARLA J. DRISCOLL**  
Court Administrator

64 Main Street  
Post Office Box 144  
Cathlamet, Washington 98612

Telephone (360) 795-3461  
Fax (360) 795-6506

May 17, 2022

Wahkiakum District Court proposes to replace its current local Court Rule 0.6, Conference Hearing Fee, with an updated Court Rule 0.6, Remote Appearance Fee. The proposed amended rule follows this announcement.

Wahkiakum District Court will accept written comments on the amended rule through June 30, 2022. All comments received by that date will be posted on the Court's website. After the comment period closes, the Court will consider any comments, and may adopt, amend, or reject the proposed rule, or take such other action as the Court deems appropriate. If adopted, the new rule will become effective September 1, 2022.

Written comments may be submitted as follows:

By email: [districtcourt@co.wahkiakum.wa.us](mailto:districtcourt@co.wahkiakum.wa.us)

By fax: 360.795.6506

By mail: P.O. Box 144  
Cathlamet, WA 98612

If you have any questions, please contact Court Administrator Carla Driscoll at 360.795.3461.

WAHKIAKUM DISTRICT COURT

LOCAL RULES

PROPOSED AMENDED COURT RULE 0.6

REMOTE APPEARANCE FEE

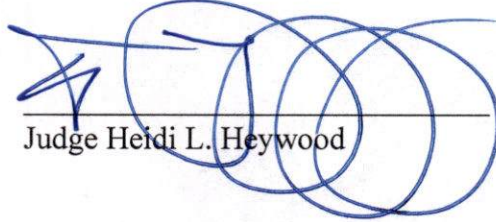
Pursuant to CRLJ 7(b)(4) and CrRLJ 1.6 and 8.2 there is hereby imposed a \$25.00 remote appearance fee for any party or attorney who appears by video/telephone, except as specifically provided below. The \$25.00 fee must be remitted no later than the day prior to the hearing.

- (1) *Criminal docket during Covid Administrative Order or any similar emergency operational order.* So long as the Court has in effect an Administrative Order in response to the Covid pandemic or similar event causing the Court to conduct its criminal docket primarily by videoconference, the remote appearance fee will be waived for (a) defendants appearing on those dockets, (b) any attorney representing a defendant, (c) government parties, and (d) any interested person who has been given permission by the Court to participate in the hearing by video conference.
- (2) *Criminal docket after Covid Administrative Order or any similar emergency operational order.* At such time as the Court no longer has in effect an order providing that criminal dockets are primarily conducted by videoconference, the remote appearance fee will no longer be waived except for (a) persons who are indigent based on their completed screening form/financial statement, (b) any attorney representing an indigent person, (c) government parties, or (d) any interested person who has been given permission by the Court to participate in the hearing by video conference with the remote appearance fee waived.
- (3) *Civil Cases.* The remote appearance fee will be waived for (a) persons who are indigent based on their completed screening form/financial statement, (b) any attorney representing an indigent person, (c) government parties, (d) qualified legal services providers, and (e) protection orders for which filing fees may not be charged by law.

**Requests to appear remotely** for hearings other than the criminal docket under subsection (1) above must be made in writing using the Court's form Request to Appear Remotely (attached as **Exhibit A**). When required, proof of indigency may be submitted using the Court's Indigency Screening Form (attached as **Exhibit B**) if or Washington Pattern Form GR 34.0300 (Financial Statement), or any pattern form which supersedes that form. **Requests must be submitted no later than three (3) judicial days before the hearing date.**

**This rule supersedes Court Rule 0.6, Conference Hearing Fee, adopted  
June 11, 2019.**

**PROPOSED** this 16<sup>th</sup> day of May, 2022.



Judge Heidi L. Heywood


**ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

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Judge Heidi L. Heywood

**EXHIBIT A**

DISTRICT COURT OF WASHINGTON  
COUNTY OF WAHAKIAKUM

_____ Plaintiff/Petitioner, vs. _____ Defendant/Respondent.	CASE NO.: _____  <b>REQUEST TO APPEAR REMOTELY</b> 
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**Party requesting to appear remotely:**

Hearing Date \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Nature of Hearing:**

**Reason for Remote Appearance Request:**

**Submit your request to District Court for approval: [districtcourt@co.wahkiakum.wa.us](mailto:districtcourt@co.wahkiakum.wa.us)**

If approved, the non-refundable fee for these arrangements and the cost of the call is \$25.00 per party and must be paid to District Court prior to the hearing. District Court accepts credit/debit cards.

**\*\*The fee to appear remotely is waived for all parties appearing on civil protection orders for which fees are not charged, indigent persons and attorneys representing indigent parties (proof of indigency required), qualified legal services providers, government parties, or any interested person who has been given permission by the Court to participate in the hearing by video conference with the remote appearance fee waived.**

*Please Note: Those participating remotely do not receive priority, so it will sometimes be necessary to wait for the entire calendar—just as though you were in the courtroom waiting for the case to be called.*

DATED: \_\_\_\_\_ By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Approved By: _____ Payment Rcvd By: _____	<b>Court</b> Date: _____ <b>Clerk</b> Amount Rcvd:\$ _____
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Request to Appear Remotely

**WAHAKIAKUM DISTRICT COURT**  
 MAIL: P.O. Box 144  
 LOCATION: 64 Main Street, Cathlamet WA 98612  
 (360) 795-3461

# EXHIBIT B

If you plan to request a court-appointed attorney and believe that you qualify, please complete the form below and return it to Wahkiakum District Court via mail, fax, email or in-person for receipt no later than three (3) days before your hearing.

## WAHKIAKUM COUNTY DISTRICT COURT REQUEST FOR A COURT-APPOINTED ATTORNEY

### INDIGENCY SCREENING FORM – CONFIDENTIAL

[Per RCW 10.101.020(3)]

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

1. Place an "x" next to any of the following types of assistance you receive:

- |   |  |
|---|--|
| <input type="checkbox"/> Welfare                        | <input type="checkbox"/> Poverty Related Veterans' Benefits      |
| <input type="checkbox"/> Food Stamps                    | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> SSI                            | <input type="checkbox"/> Refugee Settlement Benefits             |
| <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> Disability Lifeline Benefits            |
| <input type="checkbox"/> Other – Please describe: _____ |  |

**[If you marked an "x" next to any of the above, please stop here and sign at #15 below.]**

2. Do you work or have a job?  Yes  No. If so, take home pay: \$ \_\_\_\_\_  
Paid this much  Weekly  Every 2 weeks  2x/month  1x/month  
Occupation: \_\_\_\_\_  
Employer's name & phone #: \_\_\_\_\_

3. Do you have a spouse or registered domestic partner who lives with you?  
Does she/he work?  Yes  No If so, take home pay: \$ \_\_\_\_\_  
Employer's name: \_\_\_\_\_

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, a pension, or workers' compensation?  Yes  No  
If so, which one? \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

5. Do you or your household members receive money from any other source?  Yes  No. If so, how much? Amount: \$ \_\_\_\_\_

6. Do you have children residing with you?  Yes  No. If so, how many? \_\_\_\_\_

7. Including yourself, how many people in your household do you support? \_\_\_\_\_

8. Do you own a home?  Yes  No. If so, value: \$ \_\_\_\_\_  
Amount owed: \$ \_\_\_\_\_

9. Do you own a vehicle(s)?  Yes  No. If so, year(s) and model(s) of your vehicle(s): \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

Please continue to back side >



10. How much money do you have in checking/savings account(s)?

Amount: \$ \_\_\_\_\_

11. How much money do you have in stocks, bonds, or other investments?

Amount: \$ \_\_\_\_\_

12. How much are your routine living expenses (rent, food, utilities, transportation)?

Amount: \$ \_\_\_\_\_

13. Other than routine living expense such as rent, food, etc., do you have other Expenses such as child support payments, court-ordered fines or medical bills, etc.? If so, describe:

\_\_\_\_\_

14. Do you have money available to hire a private attorney? \_\_\_ Yes \_\_\_ No

15. *Please read the following and sign where indicated:*

**I understand that the court may ask for verification of the information provided above.**

**I agree to immediately report any change in my financial status to the court.**

**I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense. See Chapter 9A.72 RCW.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

**FOR COURT USE ONLY – DETERMINATION OF INDIGENCY**

\_\_\_\_\_ Eligible for a public defender at no expense

\_\_\_\_\_ Eligible for a public defender but must contribute \$ \_\_\_\_\_

\_\_\_\_\_ Re-screen in future regarding change of income (e.g. defendant works seasonally)

\_\_\_\_\_ Not eligible for a public defender

\_\_\_\_\_  
JUDGE

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For mail, use P.O. Box address.**