

Clerk stamps date here when form is filed.

SAMPLE ONLY Do not write on this copy!

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees.

- You cannot give the court proof of your eligibility,
Your financial situation improves during this case, or
You settle your civil case for \$10,000 or more.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number: YOUR CASE NUMBER, if you have one

Case Name: PETITIONER'S NAME V. RESPONDENT'S NAME

1 Your Information (person asking the court to waive the fees):

Name: YOUR NAME
Street or mailing address: YOUR ADDRESS
City: State: Zip:
Phone: YOUR PHONE NUMBER

2 Your Job, if you have one (job title):

YOUR JOB TITLE
Name of employer: WHO DO YOU WORK FOR?
Employer's address: WHERE IS YOUR WORK LOCATED?

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature:
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
Supreme Court of Appellate Court

CHECK THE BOX(ES) BELOW THAT APPLY TO YOU

5 Why are you asking the court to waive your court fees?

- Receive (check all that apply; see form FW-001-INFO)
Food Stamps Supp. Sec. Inc. CalWORKS or Tribal TANF
My gross monthly household income (If you check 5b, you must fill out 7, 8, and 9 on the next page.)

Table with 3 columns: Family Size, Family Income, Family Size. Rows show income levels for 1, 2, and 3 family members.

NOTE: IF YOU CHECK 5a, YOU DO NOT HAVE TO COMPLETE THE FINANCIAL INFORMATION ON THE NEXT PAGE. IF YOU CHECK 5b, YOU MUST COMPLETE ITEMS 7, 8, AND 9 ON THE NEXT PAGE ONLY. IF YOU CHECK 5c, YOU MUST COMPLETE EVERY ITEM ON THE NEXT PAGE.

- I do not have enough income to pay for my court fees (check one and you must fill out page 2):
waive all court fees and costs
waive some of the court fees
let me make payments over time

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request was denied, check here):

CHECK HERE IF IT APPLIES TO YOU

I declare under penalty of perjury that the information I have provided on this form and all attachments is true and correct.

Date: TODAY'S DATE PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

Print your name here

Sign here



Your name: YOUR NAME

Case Number: YOUR CASE NUMBER, if you have one

If you  
If you  
sheet

**BELOW IS ONLY AN EXAMPLE OF HOW TO COMPLETE THIS FORM.**  
**IF YOU CHECKED ITEM 5B, COMPLETE ITEMS 7, 8 AND 9.**  
**IF YOU CHECKED ITEM 5C, COMPLETE THE ENTIRE PAGE.**

attach a

**7**  Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

**8 Your Gross Monthly Income**

a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) Wages \$1,200  
(2) Child Support \$ 400  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Your total monthly income: \$1,600

**9 Household Income**

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) <u>Mary Smith</u>	<u>41</u>	<u>WIFE</u>	<u>\$ 700</u>
(2) <u>Joe Smith Jr</u>	<u>10</u>	<u>SON</u>	<u>\$ 0</u>
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ 700

**Total monthly income and household income (8b plus 9b):** \$2,300

**10 Your Money and Property**

a. Cash \$ 20

b. All financial accounts (List bank name and amount):

(1) Wells Fargo Checking \$ 200  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) <u>'01 Ford Explorer</u>	<u>\$ 3,000</u>	<u>\$ 0</u>
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) <u>NONE</u>	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) <u>NONE</u>	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

**11 Your Monthly Deductions and Expenses**

a. List any payroll deductions and the monthly amount below:

(1) Federal Taxes \$ 150  
(2) State Taxes \$ 75  
(3) Insurance \$ 50  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Rent or house payment & maintenance \$ 1175

c. Food and household supplies \$ 300

d. Utilities and telephone \$ 0

e. Clothing \$ 0

f. Laundry and cleaning \$ 0

g. Medical and dental expenses \$ 0

h. Insurance (life, health, accident, etc.) \$ 0

i. School, child care \$ 0

j. Child, spousal support (another marriage) \$ 0

k. Transportation, gas, auto repair and insurance \$ 0

l. Installment payments (list each below):

Paid to:

(1) American Express \$ 150  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

m. Wages/earnings withheld by court order \$ 0

n. Any other monthly expenses (list each below).

Paid to:

(1) \_\_\_\_\_ How Much? \$ \_\_\_\_\_  
(2) Cell Phone \$ 60  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly expenses (add 11a – 11n above):** \$2,240

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page.

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

**Order on Court Fee Waiver  
(Superior Court)**

*Clerk stamps date here when form is filed.*

**SAMPLE  
ONLY  
Do not write  
on this copy!**

**1 Person who asked the court to waive court fees:**

Name: YOUR NAME  
Street or mailing address: YOUR ADDRESS  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):**

SELF-REPRESENTED  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 A request to waive court fees was filed on (date):** DATE FILED

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in case number and name:*

**Case Number:**

**YOUR CASE NUMBER, IF YOU HAVE ONE**

**Case Name:**

**PETITIONER'S NAME V. RESPONDENT'S NAME**

*Read this form carefully. All che*

**CHECK AND COMPLETE IF YOU HAVE HAD  
FEES WAIVED IN THIS CASE BEFORE**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing the court ma**

**LEAVE THE REST OF THIS PAGE BLANK**

*al Court Fees*

a.  The court **grants** your request, as follows:

(1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rules 3.55 and 8.818.*) You do not have to pay the court fees for the following:

- Filing papers in superior court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851
- Preparing, certifying, copying, and sending the clerk's transcript on appeal
- Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
- Making a transcript or copy of an official electronic recording under rule 8.835
- Court fee for phone hearing
- Giving notice and certificates
- Sending papers to another court department

(2)  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- Jury fees and expenses
- Fees for a peace officer to testify in court
- Fees for court-appointed experts
- Court-appointed interpreter fees for a witness
- Other (specify): \_\_\_\_\_

Your name: YOUR NAME

**Case Number:**  
**YOUR CASE NUMBER, IF YOU HAVE ONE**

b.  The court

**Warning**  
you filed

court papers  
used.

(1) Your request  
on next

the date of service

**LEAVE THE REST  
OF THIS PAGE  
BLANK**

(2)  The  
request

the waiver you

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* (form FW-006). You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. (1)  The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:  
 Below     On Attachment 4c(1)

(2)  Bring the items of proof to support your request, if reasonably available, that are listed:  
 Below     On Attachment 4c(2)

**This is a Court Order.**



Your name: YOUR NAME

Case Number:  
YOUR CASE NUMBER, IF YOU HAVE ONE

Hearing Date

Warning! If request to w process the dismissed.

Date:

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ferent from above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
will deny your  
line, the court cannot  
e appeal may be

Clerk, Deputy

Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Response (form MC-410). (Civ. Code, § 54.8.)

Clerk's Certificate of Service

- I certify that I am not involved in this case and (check one):
- I handed a copy of this Order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (city): \_\_\_\_\_, California, on the date below.
- A certificate of mailing is attached.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy
Name: \_\_\_\_\_

This is a Court Order.