

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- 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. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Fill in case number and name:

Case Number:

Case Name:

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

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

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

Name of employer: _____

Employer's address: _____

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, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees and Costs (form APP-015/FW-015-INFO).)

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

- a. ☐ I receive (check all that apply): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$397.92 for each extra person.
1	\$1,134.38	3	\$1,930.21	5	\$2,726.05	
2	\$1,532.30	4	\$2,328.13	6	\$3,123.96	

- c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

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 is reasonably available, please attach it to this form and check here: ☐)

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

Date: _____

Print your name here

Sign here

Your name:

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you must fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write

Financial information and your name and case number at the top.

7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

a. Gross monthly income (before deductions): List each payroll deduction and amount below:

(1) \$
(2) \$
(3) \$
(4) \$

b. Total deductions (add 8a (1)-(4) above):

(1) \$
(2) \$
(3) \$
(4) \$

c. Total monthly take-home pay (8a minus 8b):

(1) \$
(2) \$
(3) \$
(4) \$

e. Your total monthly income is (8c plus 8d):

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals 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)			\$
(2)			\$
(3)			\$
(4)			\$

b. Total monthly income of persons above:

Total monthly income and household income (8e plus 9b):

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, 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.

Request to Waive Court Fees

10 Your Money and Property

a. Cash

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

c. Cars, boats, and other vehicles

d. Real estate

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

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance
b. Food and household supplies
c. Utilities and telephone
d. Clothing
e. Laundry and cleaning
f. Medical and dental expenses
g. Insurance (life, health, accident, etc.)
h. School, child care
i. Child, spousal support (another marriage)
j. Transportation, gas, auto repair and insurance
k. Installment payments (list each below):

l. Wages/earnings withheld by court order
m. Any other monthly expenses (list each below):

Paid to:

Total monthly expenses (add 11a-11m above):

Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

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

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

☐ 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 case name:

Case Number: _____

Case Name: _____

Read this form carefully. All checked boxes ☒ are court orders.

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 your (check one): ☐ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees the court makes the following orders:

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, rule 3.55.*) 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 daily fee (for up to 60 days following the fee waiver order at the court-approved daily rate)
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(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 court-appointed experts
- ☐ Reporter's daily fees (beyond the 60-day period following the fee waiver order)
- ☐ Other (specify): _____
- ☐ Fees for a peace officer to testify in court
- ☐ Court-appointed interpreter fees for a witness

(3) ☐ **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- ☐ Preparing and certifying clerk's transcript for appeal
- ☐ Other (specify): _____

This is a Court Order.

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Order on Court Fee Waiver (Superior Court)

Date: _____, Clerk, by _____, Deputy

- ☐ 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.
- ☐ 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.
- ☐ I certify that I am not involved in this case and (check one): ☐ A certificate of mailing is attached.

Clerk's Certificate of Service

Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for Request for Accommodation, Form MC-410. (Civil Code, § 54.8.)

Signature of (check one): ☐ Judicial Officer ☐ Clerk, Deputy

Date: _____

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Hearing Date: _____ Time: _____ Rm.: _____ Dept.: _____	Name and address of court if different from page 1: _____	
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☐ Bring the following proof to support your request if reasonably available: _____

c. ☐ The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (specify questions regarding eligibility): _____

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 below) to:

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

(2) ☐ The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons): _____

(1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (specify incomplete items): _____

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

b. ☐ The court **denies** your request, as follows: _____

Your name: _____

Case Number: _____