FW-001

Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

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. 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 your fees will have a lien on any such settlement in the waived fees and costs. The court may also charge you a		
	Your Information (person asking the court to waive Name:	the fees):	
	Street or mailing address: City: State: Phone:	Zip:	Fill in case number and name: Case Number:
)	Your Job, if you have one <i>(job title)</i> : Name of employer: Employer's address:		Case Name:

- **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 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.

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 (form APP-015/FW-015-INFO).)

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

- a. \square I receive (check all that apply; see form FW-001-INFO for definitions): ☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS ☐ CalWORKS or Tribal TANF \Box CAPI \square WIC ☐ Unemployment
- 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.)

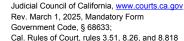
you encen so,						
Family Size	Family Income	Family Size	Family Income	Family Size		If more than 6 people
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	at home, add \$916.67
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	for each extra person.

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 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

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:							





Your name:						
If you checked 5a on page 1, do not fill If you checked 5c, you must fill out this sheet of paper and write Financial Information	s entire page. If	you need	more	space, attach	form MC-025	•
b. Total monthly income of persons above: Total monthly income and	average income for bu get each month, before deductions, rity, disability, uarters (BAQ), income, annuities, it for job-related \$	a. b. c. d. b. c. d. e. f. g. h. i. j. k.	Cash All fina (1) (2) (3) Cars, M (1) (2) (3) Real e A (1) (2) Other pstocks, D (1) (2) Ur Mo List any (1) (2) Use to the pstocks, D List any (1) (2) Utilities Clothir Laundi Medica Insural Schoo Child, Transp Installr Paid (1) (1) Paid (1) (1) Paid (1) (1) Paid (1)	ersonal property (jew bonds, etc.): escribe nthly Deductions payroll deductions a r house payment & m nd household supplies and telephone g y and cleaning al and dental expense nce (life, health, accide, child care spousal support (anotortation, gas, auto re nent payments (list eatto:	cles Fair Market Value \$ Fair Market Value \$ Fair Market Value \$ relry, furniture, furs, Fair Market Value \$ and Expenses and the monthly amo \$ \$ and insurance ach below):	\$
To list any other facts you want the court to kee unusual medical expenses, etc., attach form M attach a sheet of paper and write Financial Info your name and case number at the top. Check here if you attach are	C-025 or ormation and		(3) Wages Any ot Paid (1)		y court order s (list each below).	\$\$ \$ How Much?
Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.			(3) _	expenses (add 1		\$\$ \$\$

Case Number: