Judicial Council of California, www.courts.ca.gov Revised March 1, 2017, Mandatory Form Government Code, § 68633 Cal. Rules of Court, rules 3.51, 8.26, and 8.818

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 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.

**1**

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

Name: «NAME»

Mailing address: «mail»

**2**

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

*a. I receive (yes to all that apply; see form FW-001-INFO for definitions):*

Food Stamps : «foodstamp»

SSP: «SSP»

Medi-Cal: «MEDI»

Supp. Sec. Inc. : «SSI»

County Relief/Gen. Assist. : «FED»

IHSS : «IHSS»

CalWORKS or Tribal TANF : «TANF»

CAPI: «CAPI»

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.)

Check (If your here previous if you request asked the is reasonably court to waive available, your court please fees attach for this it to case this in form the last and six check months.

**Family Size : «household»**

**Family Income : «income1»**

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):*

*If more than 6 people at home, add $435.42 for each extra person.*

**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*