

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY:		
ORDER AFTER HEARING ON MOTION TO SET ASIDE ORDER TO PAY WAIVED COURT FEES (Superior Court)		CASE NUMBER:

1. This proceeding was heard
on (date): at (time): in Dept.: Room:
by Judge (name): Temporary Judge
2. a. Petitioner/plaintiff present
b. Respondent/defendant present
c. Other party present

 Attorney present (name):
 Attorney present (name):
 Attorney present (name):
3. The order to pay waived court fees filed (date): ordering (name):
to pay court fees
 a. is not set aside on the following grounds (specify):

 b. is set aside on the following grounds (specify):
4. Other (specify):

Date: _____ JUDICIAL OFFICER