

Clerk stamps date here when form is filed

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

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

(2) Your lawyer, if you have one (name, address, phone number, e-mail, and State Bar number):

Fill in court name and street address:

Superior Court of California, County of

(3) Date of order denying your request to waive court fees (month/day/year): _____

Fill in case number and case name:

Case Number:
_____**Case Name:**

(4) I ask the court for a hearing on my fee waiver request so that I can bring more information about my financial situation.

(5) The additional facts that support my request for a fee waiver are (describe):*(Use this space if you want to tell the court in advance what facts you want considered at the hearing. If the space below is not enough, attach form MC-025. Or attach a sheet of paper and write Additional Facts and your name and case number at the top. You may also attach copies of documents you want the court to look at.)*

Date: _____



Print your name here

**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 your hearing. Contact the clerk's office for *Request for Accommodation*, form MC-410.