

**APP-016/FW-016 Order on Court Fee Waiver
(Court of Appeal or Supreme Court)**

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

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

Fill in court name and street address:

3 On (date): _____ you filed a *Request to Waive Court Fees* (form FW-001).

Court of Appeal or Supreme Court Case Number: _____

4 The court reviewed your request and makes the following order:

- a. The court **grants** your request and waives your court fees and costs listed below. You do not have to pay fees for the following:
• Filing notice of appeal, petition for writ, or petition for review
 Other (*specify*): _____

- b. The court **denies** your request for the following reasons:

- (1) Your request is incomplete. You have **10 days** from the date this notice was sent to:
• Pay your fees and costs, or
• File a new revised request that includes the items listed below (*specify incomplete items*):

- (2) The information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*):

You have **10 days** from the date this notice was sent to:

- Pay your fees and costs, or
- File more information that shows you are eligible.

- (3) The court finds there is substantial question regarding your eligibility (*describe issue regarding eligibility*):

You have **10 days** from the date this notice was sent to:

- Pay your fees and costs, or
- File the following additional documents to support your request:

Warning! If you miss the deadline for paying your fees and costs or providing the additional items required by the court and you are the appellant, your appeal may be dismissed.

Court of Appeal/
Supreme Court Case Name:

Court of Appeal/Supreme Court
Case Number:

- ④ c. The court needs more information. **You must go to court** on the date below.

Hearing
Date

Date: _____ Time: _____ Dept.: _____

Name and address of the court if different from page 1:

- Bring the following proof to support your request, if it is reasonably available:

Warning! If item ④ c. is checked and you do not go to court on your hearing date, the court will deny your request to waive court fees and you will have **10 days** to pay your fees. If you are the appellant and you do not pay your filing fees, your appeal may be dismissed.

Date: _____

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