

STANISLAUS COUNTY SUPERIOR COURT CIVIL DIVISION

www.stanislaus.courts.ca.gov (209) 530-3100

Revised 4/1/24

REQUEST TO WAIVE COURT FEES AND ORDER

This packet includes the necessary forms to request an order to waive court filing fees. All documents must be typed or printed legibly rule 2.104 of the California Rule of Court. One (1) original plus one (1) copy of the Request and Order are required for filing.

NOTE: The guideline for gross monthly household income is listed on the Request to Waive Court Fees under No. 5b.

Do NOT serve copies of the Request to Waive Court Fees and Order to the other party in your case. Your Fee Waiver Request is confidential.

Judicial Council forms, local forms and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, and on the following websites:

Stanislaus County Superior Court (includes local forms)

http://www.stanislaus.courts.ca.gov

Judicial Council's Self-Help website and Judicial Council forms

• http://www.courts.ca.gov

For more information on Libraries, Websites, or Self-Help Legal Books

http://www.courts.ca.gov/selfhelp/lowcost/libraries.html
 California Superior Court's Interactive Electronic Forms Program

<u>Superior Court Self-Help Center</u>, 800 11th Street, Room 220, Modesto

PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES

In Person Assistance by Appointment Only or email self.help@stanct.org

Material prepared and/or distributed by the Superior Court Self Help Center IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY. Such material is NOT LEGAL ADVICE and is not intended to be legal advice as to your specific case. IT IS NOT INTENDED TO TAKE THE PLACE OF THE COMPETENT LEGAL ADVICE FROM AN ATTORNEY. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware. Please contact a competent attorney of your choice or contact the LAWYERS REFERENCE SERVICE of the Stanislaus County Bar Association at (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

FW-001

Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

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:

Fill in court name and street address:

• Y OU	ı cannot	g	,1V	e	tne	C	court	proof	ΟĪ	yc	our	en	gıbı	Iity,
* 7	C*		1			•				1		. 1		

• Your financial situation improves during this case, or

 Your financial situation improves during this case, or You settle your civil case for \$10,000 or more. The trial court that waive 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 cost 	801 10TH STREET, 4TH FLOOR
Your Information (person asking the court to waive the fees):	,
Name:	
Street or mailing address: State: Zip:	Fill in case number and name:
Phone: State: Zip:	Case Number:
Your Job, if you have one (job title):	
Name of employer:	Case Name:
Employer's address:	
a. The lawyer has agreed to advance all or a portion of your fees or co	sts (check one): Yes \Box No \Box
b. (If yes, your lawyer must sign here) Lawyer's signature:	sis (enech one). Tes Tes
If your lawyer is not providing legal-aid type services based on you hearing to explain why you are asking the court to waive the fees.	r low income, you may have to go to a
What court's fees or costs are you asking to be waived?	
Superior Court (See Information Sheet on Waiver of Superior Cour	
☐ Supreme Court, Court of Appeal, or Appellate Division of Superior <i>Appellate Court Fees</i> (form APP-015/FW-015-INFO).)	Court (See Information Sheet on Waiver of
Why are you asking the court to waive your court fees?	
a. I receive (check all that apply; see form FW-001-INFO for defined as a second sec	nitions):

		1	\$2,510.00	3	\$4,303.34	5	\$6,096.67	at home, add \$896.67
		Family Size	Family Income	Family Size	Family Income	Family Size		If more than 6 people
		you check 5b,	you must fill o	ut 7, 8, and 9	on page 2 of th	is form.)		
b.		My gross mor	nthly household	l income (befo	ore deductions	for taxes) is le	ss than the am	ount listed below. (A
		CalWORKS of	or Tribal TANF	F ☐ CAP	I WIC	☐ Une	mployment	
	Ш	Food Stamps	☐ Supp. Sec.	inc. □ 55P	' ∐ Medi-Cai		Kenei/Gen. As	sist. \square IHSS

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to			Ψ2,010.00	"	ψ-1,000.0-1		ψ0,000.01	, ,		
		2	\$3,406.67	4	\$5,200.00	6	\$6,993.34	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):									

	(check one ana you must fill out page 2):	
	☐ waive all court fees and costs ☐ waive some of the court fees	
(6)	Check here if you asked the court to waive your court fees for this case in	the last six months.
$\overline{}$	(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

in this form and an attachments is that and correct.		
Date:	\	
)	
Print your name here	Sign here	



b. All financial accounts (List bank name and amount): 8 Your Gross Monthly Income a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, spousalchild support. Itemetinent, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annulus, net business or rental income, reimbursement for job-related expensess, gambling or lottery winnings, etc. 10	7 Check here if your income changes a lot from If it does, complete the form based on your				Money and Propert	у	\$
a List the source and amount of any income you get each month, including wages or other income from work before deductions, spousalchild support, retirement, social security, disability, unemployment, military base allowance for quarters (BAO), veterans payments, dividends, interest, trust income, amounted expenses gambling or lottery winnings, etc. (1)		average moonie ioi				thank name and an	-
a List the source and amount of any income you get aeck month, including; wages or other income from work before deductions, spousalichild support, retirement, social security, disability, unemployment, military basic allowanes for requiaters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc. (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•						
including: wages or other income from work before deductions, spousificilit support, reliment, social security, disability, unemployment, military basic allowance for quarters (BAO), veterans payments, dividends, interest, tust income, annihits, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc. (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
spousalChild spoks allowance for quaters (RAO), veterans payments, dividends, interest, trust income, annulies, net business or rental income, enimbursement for job-related expenses, gambling or lottery winnings, etc. (1) \$ \$ (2) \$ \$ \$ (3) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
unemployment, military basic allowance for quateris (BAO), velerans payments, dividends, interest, trust income, annutiles, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc. (1)				. ,			_ \$
veterans payments, dividends, interest, trust income, annuluies, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc. (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			C.	Car	s, boats, and other vel	nicles Fair Marke	et How Much Yo
expenses, gambling or lottery winnings, etc. (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					Make / Year		
(1) \$ \$ (3) \$ \$ \$ (3) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	The state of the s	nt for job-related		(1)		\$	
(2) \$ \$ Address Value Still Owe Stil		Φ.				\$	
Address Value Still Owe Age Relationship Income 1. List the income of all other persons living in your home who depend in whole or in part or you for support, or on whom you depend in whole or in part or you for support. Gross Monthly Name Age Relationship Income (1) Support, or on whom you depend in whole or in part or you for support. Gross Monthly Name Age Relationship Income (1) Support, or on whom you depend in whole or in part or support. Gross Monthly Income (1) Support, or on whom you depend in whole or in part for support. Gross Monthly Income (1) Support Monthly Deductions and Expenses Total monthly income and household income (8b plus 9b): Support Mousehold income (8b plus 9b): Support Mousehold income (8b plus 9b): Support Mousehold supplies Support (and the monthly amount below: Support (an	(1)	\$				\$	\$
(4) \$ D. Your total monthly income: \$ 9 Household Income a. List the income of all other persons living in your home who depend in whole or in part for support. Name Age Relationship income (1) \$ S S S Stocks, bonds, etc.): Fair Market Value Still Owe Stil			d.	Rea	l estate	Fair Marke	
9 Household Income a. List the income of all other persons living in your home who depend in whole or in part for support. Cross Monthly Income (1)				(4)			
## Household Income a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part on you for support. Gross Monthly Name							
a. List the income of all other persons living in your home who depend in whole or in part on you for support. Cross Monthly Name Age Relationship Income	b. Your total monthly income:	\$		(2)		\$	\$
a. List the income of all other persons living in your home who depend in whole or in part on you for support. Cross Monthly Name Age Relationship Income	Household Income		e. (Othe	r personal property (je	welry, furniture, furs	5,
depend in whole or in part on you for support. Cross Monthly	•)	our home who				-	
depend in whole or in part for support. Gross Monthly Name Age Relationship Income (1) S S S Age Relationship Income (2) S S S List any payroll deductions and Expenses a. List any payroll deductions and the monthly amount below: (1) (2) S S List any payroll deductions and the monthly amount below: (1) (2) S S List any payroll deductions and the monthly amount below: (1) (2) S S List any payroll deductions and the monthly amount below: (1) (2) S S List any payroll deductions and the monthly amount below: (1) (2) S S List any payroll deductions and the monthly amount below: (1) (2) S List any payroll deductions and the monthly amount below: (1) (2) S List any payroll deductions and the monthly amount below: (1) (2) S List any payroll deductions and the monthly amount below: (1) (2) S List any payroll deductions and Expenses a. List any payroll deductions and the monthly amount below: (1) (2) S List any payroll deductions and Expenses a. List any payroll deductions and the monthly amount below: (1) (2) S Chelling a payroll deductions and Expenses a. List any payroll deductions and the monthly amount below: (1) (2) S Chelling a payroll deductions and Expenses a. List any payroll deductions and the monthly any payroll deductions and the monthly and the monthly any payroll deductions and the monthly any payroll deductions and the monthly any payroll deductions and the					Describe		
Name Age Relationship Income (1)	depend in whole or in part for support.			(1)		\$	\$
(1)		•				\$	\$
a. List any payroll deductions and the monthly amount below: (3)			<u> </u>	_			
(3)			\ /				
b. Total monthly income of persons above: \$ Total monthly income (8b plus 9b): \$ b. Rent or house payment & maintenance \$ c. Food and household supplies \$ d. Utilities and telephone \$ e. Clothing \$ f. Laundry and cleaning \$ g. Medical and dental expenses \$ h. Insurance (life, health, accident, etc.) \$ i. School, child care \$ j. Child, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: (1) (2) (3) (4) S Definition of thouse payment & maintenance \$ c. Food and household supplies \$ d. Utilities and telephone \$ e. Clothing \$ g. Medical and dental expenses \$ h. Insurance (life, health, accident, etc.) \$ i. School, child care \$ j. Child, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: (1) (2) (3) (3) (4) (4) S D. Rent or house payment & maintenance \$ C. Food and household supplies \$ d. Utilities and telephone \$ e. Clothing \$ S Choil, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: (1) (2) (3) S Important! If your financial situation or ability to pay court fees improves, you must notify the court within five			o а. [ist a	ny payroll deductions	and the monthly an	nount below:
b. Total monthly income of persons above: \$ Total monthly income and household income (8b plus 9b): \$ b. Rent or house payment & maintenance \$ c. Food and household supplies \$ d. Utilities and telephone \$ e. Clothing \$ f. Laundry and cleaning \$ g. Medical and dental expenses \$ h. Insurance (life, health, accident, etc.) \$ i. School, child care \$ j. Child, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: (1) \$ (2) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (2) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (3) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (3) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). (3) \$ m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). (4) \$ M. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). (4) \$ M. Wages/earnings withe				(1) _		:	\$
Sample S	(4)	\$		(2) _		:	\$
household income (8b plus 9b): \$	b. Total monthly income of persons above:	\$		(3) _			\$
household income (8b plus 9b): \$	Total monthly income and			(4) _			\$
d. Utilities and telephone e. Clothing f. Laundry and cleaning g. Medical and dental expenses h. Insurance (life, health, accident, etc.) i. School, child care j. Child, spousal support (another marriage) k. Transportation, gas, auto repair and insurance f. Installment payments (list each below): Paid to: (1) (2) (3) To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five	household income (8b plus 9b):	\$					\$
e. Clothing f. Laundry and cleaning g. Medical and dental expenses h. Insurance (life, health, accident, etc.) i. School, child care j. Child, spousal support (another marriage) k. Transportation, gas, auto repair and insurance l. Installment payments (list each below): Paid to: (1) (2) (3) To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five						lies	\$
f. Laundry and cleaning g. Medical and dental expenses h. Insurance (life, health, accident, etc.) i. School, child care j. Child, spousal support (another marriage) k. Transportation, gas, auto repair and insurance l. Installment payments (list each below): Paid to: (1) (2) (3) m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) (2) (3) m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) (2) (3) Mages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) (2) (3) Mages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) (2) (3) Mages/earnings withheld by court order (2) (3) Mages/earnings withheld by court order (3) Mages/earnings withheld by court order (4) Mages/earnings withheld by court order (5) Mages/earnings withheld by court order (6) Mages/earnings withheld by court order (7) Mages/earnings withheld by court order (8) Mages/earnings withheld by court order (9) Mages/earnings withheld by court order (9) Mages/earnings withheld by court order (1) (2) (3) Mages/earnings withheld by court order (2) Mages/earnings withheld by court order (3) Mages/earnings withheld by court order (4) Mages/earnings withheld by court order					•		\$
g. Medical and dental expenses \$ h. Insurance (life, health, accident, etc.) \$ i. School, child care \$ j. Child, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: (1) \$ 2) \$ 3) \$ To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five					· ·		\$
h. Insurance (life, health, accident, etc.) School, child care Child, spousal support (another marriage) k. Transportation, gas, auto repair and insurance Installment payments (list each below): Paid to: (1) (2) State of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five							\$
i. School, child care j. Child, spousal support (another marriage) k. Transportation, gas, auto repair and insurance linstallment payments (list each below): Paid to: (1) (2) (3) To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five			•		•		Ψ
j. Child, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: (1)					•	ident, etc.)	-
k. Transportation, gas, auto repair and insurance \$ Installment payments (list each below): Paid to:						-41i\	·——
I. Installment payments (list each below): Paid to: (1)			-				·
Paid to: (1)					-		e \$
To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five			1.			each below).	
To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five							\$
To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five (3) M. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) (2) (3) M. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). (3) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (2) (3) (3) (4) (A) (A) (B) (B) (B) (B) (C) (C) (C) (C							
To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five							- *
attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five	To list any other facts you want the court to ke	now, such as					- Ψ
attach a sheet of paper and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five	To fist diff office facts for want the court to he			_	=	-	٠
your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five	•	IC-023 or	n	Λ	other monthly expens	es (list each helow)	-
Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five	unusual medical expenses, etc., attach form M			•	• •	es (not each below)	
Important! If your financial situation or ability to pay court fees improves, you must notify the court within five	unusual medical expenses, etc., attach form Mattach a sheet of paper and write Financial Inf			Pa	aid to:	,	How Much?
court fees improves, you must notify the court within five	unusual medical expenses, etc., attach form Mattach a sheet of paper and write Financial Inf your name and case number at the top.	ormation and		Pa	aid to:	,	How Much?
	unusual medical expenses, etc., attach form Mattach a sheet of paper and write Financial Inf your name and case number at the top. Check here if you attach as	formation and nother page.		Pa (1)	aid to:		How Much?
	unusual medical expenses, etc., attach form Mattach a sheet of paper and write Financial Inf your name and case number at the top. Check here if you attach at Important! If your financial situation or abi	ormation and nother page.		Pa (1) (2)	aid to:		How Much? \$\$

Case Number:

Your name:

FW-003 Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
1 Person who asked the court to waive court fees: Name:	
Street or mailing address:	
City: State: Zip:	
Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):	
	Fill in court name and street address:
	Superior Court of California, County of
	STANISLAUS
	801 10TH STREET, 4TH FLOOR
	MODESTO, CA 95354
	Fill in case number and name:
A request to waive court fees was filed on (date):	Case Number:
The court made a previous fee waiver order in this case on (date):	Case Number.
	Case Name:
Read this form carefully. All checked boxes 🗹 are court orders.	
notify the trial court within five days. (Use form FW-010.) If you win your cast to pay the fees. If you settle your civil case for \$10,000 or more, the trial court amount of the waived fees. The trial court may not dismiss the case until the li	will have a lien on the settlement in the en is paid.
After reviewing your:	Request to Waive Additional Court Fees
a. The court grant s your request, as follows:	
(1) Fee Waiver. The court grants your request and waives your c <i>Rules of Court, rules 3.55 and 8.818.)</i> You do not have to pay	the court fees for the following:
* * * * * * * * * * * * * * * * * * *	fee for phone hearing
The state of the s	g notice and certificates
	ng papers to another court department
 Reporter's fee for attendance at hearing or trial, if the court is no and you request that the court provide an official reporter 	at electronically recording the proceeding
• Assessment for court investigations under Probate Code section	1513, 1826, or 1851
Preparing, certifying, copying, and sending the clerk's transcript	
• Holding in trust the deposit for a reporter's transcript on appeal u	
 Making a transcript or copy of an official electronic recording un 	nder rule 8.835
(2) Additional Fee Waiver. The court grants your request and w and costs that are checked below. (Cal. Rules of Court, rule 3)	
checked items.	and the pay for the
	for a peace officer to testify in court
	-appointed interpreter fees for a witness
Other (specify):	

•		Case Number:
Your name:		
b. 🗌 The	court denies your fee waiver request because:	
	rning! If you miss the deadline below, the court cannot process your requisited with your original request. If the papers were a notice of appeal, the	
	nr request is incomplete. You have 10 days after the clerk gives no next page) to:	tice of this Order (see date of service
	• Pay your fees and costs, or	
	• File a new revised request that includes the incomplete items ☐ Below ☐ On Attachment 4b(1)	listed:
(2)	The information you provided on the request shows that you are requested for the reasons stated: Below On Attachmen	· · · · · · · · · · · · · · · · · · ·
	The court has enclosed a blank <i>Request for Hearing About Court</i> (form FW-006). You have 10 days after the clerk gives notice of t • Pay your fees and costs in full or the amount listed in c below • Ask for a hearing in order to show the court more information hearing.)	his order (see date of service below) to: <i>w</i> , or
c. (1)	The court needs more information to decide whether to grant your date on page 3. The hearing will be about the questions regarding Below On Attachment 4c(1)	
(2)	Bring the items of proof to support your request, if reasonably av Below On Attachment 4c(2)	ailable, that are listed:

This is a Court Order.

Your name:		Case No	umber:
		Name and address of c	court if different from above:
Hearing → Date:	Time:		
Date Dept.:	Room:		
request to waive court fees,	ecked, and you do not go to c , and you will have 10 days to ou filed with your request. If t	o pay your fees. If you miss	that deadline, the court canno
Date:			
Date	Signature of (che	ck one):	cer Clerk, Deputy
are available if you	Request for Account systems, computer-assisted in ask at least five days before by Persons With Disabilities of	real-time captioning, or sign the hearing. Contact the clo	
	Clerk's Cer	tificate of Service	
certify that I am not involved in to I handed a copy of this Order	his case and <i>(check one):</i> o the party and attorney, if and ass, postage paid, to the party, California attached.	ny, listed in 1 and 2 , at t	

This is a Court Order.

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, if you are filing or have received a family law petition, or if you are asking the court to appoint a guardian for a minor or a conservator for an adult or are an appointed guardian or conservator, and if you (or your ward or conservatee) cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you (or your ward or conservatee) are getting public benefits, are a low-income person, or do not have enough income to pay for your (or his or her) household's basic needs and your court fees, you may ask the court to waive all or part of those fees.

- 1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001) or, if you are petitioning for the appointment of a guardian or conservator or are an appointed guardian or conservator, complete the *Request to Waive Court Fees* (*Ward or Conservatee*) (form FW-001-GC). If you qualify, the court will waive all or part of its fees for the following:
 - Filing papers in superior court (other than for an appeal in a case with a value of over \$35,000)
 - Making and certifying copies
 - ci :cc c · · ·
 - Sheriff's fee to give notice
 - Court fee for telephone hearing
- Giving notice and certificates
- Sending papers to another court department
- Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter (use form FW-020 to ask for a court reporter)
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851
- Preparing, certifying, copying, and sending the clerk's transcript on appeal
- Holding in trust the deposit for a reporter's transcript on appeal under Cal. Rules of Court, rule 8.833 or 8.834
- Making a transcript or copy of an official electronic recording under Cal. Rules of Court, rule 8.835
- 2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a Request to Waive Additional Court Fees (Superior Court) (form FW-002) or Request to Waive Additional Court Fees (Superior Court) (Ward or Conservatee) (form FW-002-GC). The court will consider waiving fees for items such as the following, or other court services you need for your case:
 - Jury fees and expenses
 - Fees for court-appointed experts
 - Other necessary court fees

- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness
- 3. If you want the Appellate Division of the Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees (Supreme Court, Court of Appeal, Appellate Division)* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- You are signing your request under penalty of perjury. Answer truthfully, accurately, and completely.
- The court may ask you for information and evidence. You may be ordered to go to court to answer questions about your ability, or the ability of your ward or conservatee, to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you or your ward or conservatee are granted may be ended if you do not go to court when asked. You or your ward's or conservatee's estate may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- Public benefits programs listed on the application form. In item 5 on the Request to Waive Court Fees (item 8 of the Request to Waive Court Fees (Ward or Conservatee)), there is a list of programs from which you (or your ward or conservatee) may be receiving benefits, listed by the abbreviations they are commonly known by. The full names of those programs can be found in Government Code section 68632(a), and are also listed here:
 - Medi-Cal
 - Food Stamps—California Food Assistance Program, CalFresh Program, or SNAP
 - SSP—State Supplemental Payment
 - Supp. Sec. Inc.—Supplemental Security Income (<u>not</u> Social Security) (*list continues on next page*)

- County Relief/Gen. Assist.—County Relief, General Relief (GR), or General Assistance (GA)
- IHSS—In-Home Supportive Services
- CalWORKs—California Work Opportunity and Responsibility to Kids Act
- Tribal TANF—Tribal Temporary Assistance for Needy Families
- CAPI—Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants
- WIC—Special Supplemental Nutrition Program for Women, Infants, and Children
- Unemployment—unemployment compensation
- If you receive a fee waiver, you must tell the court if there is a change in your finances, or the finances of your ward or conservatee. You must tell the court within five days if those finances improve or if you, or your ward or conservatee, become able to pay court fees or costs during this case. (File Notice to Court of Improved Financial Situation or Settlement (form FW-010) or Notice to Court of Improved Financial Situation or Settlement (Ward or Conservatee) (form FW-010-GC) with the court.) You may be ordered to repay any amounts that were waived after your eligibility, or the eligibility of your ward or conservatee, came to an end.
- If you receive a judgment or support order in a family law matter: You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- If you win your case in the trial court: In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases and in guardianships and conservatorships. (Gov. Code, § 68637(d), (e); Cal. Rules of Court, rule 7.5.).
- If you settle your civil case for \$10,000 or more: Any trial court-waived fees and costs must first be paid to the court out of the settlement. The court will have a lien on the settlement in the amount of the waived fees and costs. The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- The court can collect fees and costs due the court. If waived fees and costs are ordered paid to the trial court, or if you fail to make the payments over time, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- The fee waiver ends. The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you or your ward or conservatee are not eligible for a fee waiver. If the case is a guardianship or conservatorship proceeding, see California Rules of Court, rule 7.5(k) for information on the final disposition of that matter.
- If you are in jail or state prison: Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time. See Government Code section 68635.
- If you want a record made of your court hearing or trial: There are various reasons why you may want a record of the hearing or trial. Among other reasons, you may want to have a record for an appeal if you disagree with a court order or judgment. If you receive a fee waiver and if the court is not electronically recording the proceeding, you may ask the court to have an official court reporter attend your hearing or trial at no cost to you, so there can be a record of the proceeding. You should use form FW-020 to make the request, which you should file at least 10 calendar days before a scheduled court date, or as soon as you can if the court date is set with less than 10-days' notice.

If you want a written transcript after the hearing or trial, you will need to pay the court reporter separately, or arrange to get the transcript in another way. To learn about ways to do that, talk with the court's Self Help Center or read the information about appeals on the self-help webpages at https://courts.ca.gov/selfhelp-appeals.htm.