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:						
37						

-	* *			4						
	You cannot give the court proof of your eligibility,Your financial situation improves during this case, or						Fill in court name and street address:			
			on improves du case for \$10,00	t waives	Superior Court of California, County of					
•		•			n the amount o					
					you any collec					
1					vaive the fees):					
	Name:		(1,							
	Street	or mailing add					II in case number a	and name:		
	City:		ress:		Case Number:					
	Phone	:					ase Humber.			
(2)	Your	Job, if you ha	ve one (job title	e):						
	Name	of employer: _			Case Name:					
	Emplo	yer's address:								
(3)	Your	Lawyer, if yo	u have one (na	me, firm or a	ffiliation, addre	ess, phone nun	nber, and State	Bar number):		
		- 3 -)	(<i>y</i> · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	,	,,		
	a. The	e lawyer has ag	greed to advance	e all or a port	ion of your fee	s or costs (che	eck one): Yes	□ No □		
			er must sign he	_	•	,	,			
				•	•	on your low in	icome, you ma	y have to go to a		
	hec	aring to explain	ı why you are d	asking the cou	rt to waive the	fees.		J		
4	What	court's fees	or costs are	you asking	to be waived	l?				
$\overline{}$		Superior Cour	rt (See <i>Informa</i>	tion Sheet on	Waiver of Supe	erior Court Fe	es and Costs (form FW-001-INFO).)		
							urt (See Inforn	nation Sheet on Waiver		
			•		W-015-INFO).					
(5)	-	-	-	-	ur court fees					
	a	□ I receive (check all that apply; see form FW-001-INFO for definitions): □ Food Stamps □ Supp. Sec. Inc								
				•				Tribal TANF CAP		
	b. 🗌		•	,			ess than the am	ount listed below. (If		
		-			on page 2 of th			1		
		Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people		
		2	\$1,264.59 \$1,714.59	3	\$2,164.59	5 6	\$3,064.59 \$3,514.59	at home, add \$450.00 for each extra person.		
				•	\$2,614.59					
	c. 📙		•		y household's b	pasic needs an	d the court fee	s. I ask the court to:		
			d you <u>must</u> fill							
			court fees and o ke payments or			some of the co	ourt iees			
_		ict inc ina	ke payments of	voi tiiiio						

waive all court fees and costs	waive some of the court fees
☐ let me make payments over time	
Check here if you asked the court to waive w	our court fees for this case in the last six months

6 Check here if you asked the court to waive your court fees for this case in the last six months. (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. Date:

Print your name here

Your name:					
If you checked 5a on page 1, do not fill fill you checked 5c, you must fill out this sheet of paper and write Financial Info	is entire page. If	you need mo	ore space, attac	ch form MC-025 o	
Check here if your income changes a lot fi if it does, complete the form based on you the past 12 months. Your Gross Monthly Income a. List the source and amount of any income you including: wages or other income from work spousal/child support, retirement, social secunemployment, military basic allowance for veterans payments, dividends, interest, trus net business or rental income, reimburseme expenses, gambling or lottery winnings, etc. (1) (2) (3) (4) b. Your total monthly income: Phousehold Income a. List the income of all other persons living in depend in whole or in part on you for suppodepend in whole or in part for support. Name Age Relationship (1) (2) (3) (4) b. Total monthly income of persons above: Total monthly income and household income (8b plus 9b):	r average income for You get each month, before deductions, surity, disability, quarters (BAQ), t income, annuities, ent for job-related \$	a. Cas b. All f (1) (2) (3) c. Car (1) (2) (3) d. Rea (1) (2) e. Othe stock (1) (2) (3) a. List a (1) (2) (4) b. Ren c. Foo d. Utilif e. Clot f. Lau g. Mec h. Insu i. Sch j. Chil k. Tran l. Inst	inancial accounts (Line in in ancial accounts) s, boats, and other v Make / Year al estate Address r personal property (just, bonds, etc.): Describe Monthly Deduction any payroll deduction any payroll deduction to r house payment of d and household supplies and telephone hing indry and cleaning dical and dental expension and dental expension in an ancial support (and spousal s	rehicles Fair Market Value \$ \$ Fair Market Value \$ \$ ijewelry, furniture, furs, Fair Market Value \$ \$ ins and Expenses and the monthly amount of the second of the secon	S
To list any other facts you want the court to k unusual medical expenses, etc., attach form M attach a sheet of paper and write Financial In your name and case number at the top. Check here if you attach a Important! If your financial situation or ab	AC-025 or formation and another page.	m. Waq n. Any P. (1) (2)	ges/earnings withheld other monthly exper aid to:	d by court order nses (list each below).	How Much?
court fees improves, you must notify the co		(3)			\$

Case Number:

days on form FW-010.

Revised March 2, 2018

Total monthly expenses (add 11a –11n above): \$_