FW-001

Request to Waive Court Fees

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:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or

Name:							
Street or mailing address: State: Zip:					Fill in case number and name:		
City:		Stat	e: Zip:	С	ase Number:		
Phone:							
Your Job, if you have one (job title):					Case Name:		
Name of employer:					Case Name:		
Employer's	address:						
a. The laws	er has agreed to a	ndvance all or a por	tion of your fee	s or costs (che	eck one): Yes	No 🗆	
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CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Print your name here

Date:

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.

Your name:						
If you checked 5a on page 1, do not fill If you checked 5c, you must fill out this sheet of paper and write Financial Infor	entire page. If	you need more s	pace, attach forr	n MC-025 d	•	
Check here if your income changes a lot from lf it does, complete the form based on your the past 12 months.	Your Money and Property a. Cash \$					
		al accounts (List bank		*		
8 Your Gross Monthly Income						
 a. List the source and amount of any income you including: wages or other income from work by 						
spousal/child support, retirement, social secu			ts, and other vehicles		Φ	
unemployment, military basic allowance for q				Fair Market	How Much You	
veterans payments, dividends, interest, trust net business or rental income, reimbursemen			e / Year	Value \$	Still Owe	
expenses, gambling or lottery winnings, etc.		(2)		.Φ .\$	_ \$ \$	
(1)	\$			\$	 \$	
(2)		d. Real esta			How Much You	
(3)		Addr		Value	Still Owe	
(4)	\$	(1)		.\$		
b. Your total monthly income:	\$	(2)		\$	_\$	
9 Household Income		e. Other person	onal property (jewelry,	furniture, furs,		
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		stocks, bor Desc	ribe	Value	How Much You Still Owe	
depend in whole or in part for support.	Gross Monthly	(1)		\$	_\$	
Name Age Relationship	•	(2)		\$	_\$	
(1)		(11) Your Month	ly Deductions and	Expenses		
(2)		(/	yroll deductions and th	=	unt below:	
(3)	\$			•		
(4)	\$					
b. Total monthly income of persons above:	\$	(3)		\$_		
Total monthly income and						
household income (8b plus 9b):		ouse payment & mainte	enance	\$		
		d. Utilities an	household supplies		⊅ ¢	
		e. Clothing	id telephone		Ψ \$	
		f. Laundry a	nd cleaning	:	\$	
		g. Medical ar	nd dental expenses	:	\$	
			(life, health, accident,	•	\$	
		i. School, ch	iild care usal support (another r		\$	
			\$ \$			
			ation, gas, auto repair a t payments <i>(list each b</i>		Ψ	
		(1)			\$	
		(2)		:	\$	
To list any other facts you want the court to kn	ow such as	(3)			\$	
unusual medical expenses, etc., attach form M	m. Wages/ea	rnings withheld by cou	rt order	\$		
attach a sheet of paper and write Financial Info		n. Any other	monthly expenses (list	t each below).		
your name and case number at the top.	Paid to:			How Much?		
Check here if you attach an	other page. $\ \square$	(1)			\$	
* *					\$	
Important! If your financial situation or abilicourt fees improves, you must notify the cou	(3)			\$		
days on form FW-010.	11 t WILLIIII 11VC	Total monthly ex	xpenses (add 11a –	11n above):	\$	

Case Number: