

# FEE WAIVER BOOKLET

## HOW TO FILE A FEE WAIVER



## SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE

**To have fees waived, refer to and fill out the following forms:**

- Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO)
- Request to Waive Court Fees (form FW-001)
- Order on Court Fee Waiver (Superior Court) (form FW-003)

**If you want additional fees waived fill out:**

- Request to Waive Additional Court Fees (form FW-002)

## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. 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 ask the court to waive all or part of your court 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). 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 \$25,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fee for telephone hearing
  - Reporter's fee for attendance at hearing or trial, if a reporter is provided by the court.
  - 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 rule 8.833 or 8.834.
  - Making a transcript or copy of an official electronic recording under rule 8.835
  - Giving notice and certificates
  - Sending papers to another court department
  - Having a court-appointed interpreter in small claims court
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). 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 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 to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You 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*, there is a list of programs from which you 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
  - Supp. Sec. Inc.—Supplemental Security Income (not Social Security)
  - SSP—State Supplemental Payment
  - County Relief/General Assistance—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
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility 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. (Government Code, section 68637(d), (e).)
- **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 to 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 are not eligible for a fee waiver.
- **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.

# INSTRUCTIONS

## 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 household's basic needs and your court fees, you may use this form to ask the court to waive all or part of 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:

**SAMPLE ONLY**  
**DO NOT FILL OUT THIS FORM**

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives 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 costs.

**1 Your Information** (person asking the court to waive the fees):

Name: **WRITE YOUR NAME, ADDRESS AND PHONE NUMBER HERE**  
 Street or mailing address: **WRITE YOUR NAME, ADDRESS AND PHONE NUMBER HERE**  
 City: **WRITE YOUR NAME, ADDRESS AND PHONE NUMBER HERE**  
 Phone number: **WRITE YOUR NAME, ADDRESS AND PHONE NUMBER HERE**

Fill in case number and name:

Case Number: **WRITE CASE NUMBER HERE**  
 Case Name: **WRITE CASE NAME HERE**

**2 Your Job**, if you have one

Name of employer: **PROVIDE EMPLOYMENT INFORMATION OR WRITE "UNEMPLOYED"**  
 Employer's address: **PROVIDE EMPLOYMENT INFORMATION OR WRITE "UNEMPLOYED"**

**3 Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

**FILL OUT IF APPLICABLE**

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No

b. (If yes, your lawyer must sign here) Lawyer's signature: **LAWYER MUST SIGN IF YOU CHECK "YES"**  
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**

- Superior Court Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO.)  
 Superior Court Appellate Division, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees and Costs (form APP-015/FW-015-INFO).)

**5 Why are you asking for relief?** For question 5, check **ONLY** one box; a., b. or c.

a.  I receive government assistance programs (such as CalFresh, CalWORKS, Medi-Cal, etc.) or other public benefits. If you check box 5a.: Check all the government assistance programs you currently receive, sign and date the bottom of page one, and you're done!

b.  My family size is large. If you check box 5b.: Sign and date the bottom of page one, complete sections 7, 8 and 9 of page two and you're done!

c.  I have a large debt. If you check box 5c.: Sign and date the bottom of page one, complete ALL of page two (sections 7-11) and you're done!

**6**  I have paid your court fees for this case in the last six months.  I have not paid your court fees for this case in the last six months. 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: **WRITE TODAY'S DATE HERE**

**PRINT YOUR NAME HERE**

Print your name here

**SIGN HERE**  
Sign here

Your name: **PRINT YOUR NAME HERE**

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

**7**  Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

**10 Your Money and Property**  
a. Cash \_\_\_\_\_ \$ \_\_\_\_\_  
b. All financial accounts (List bank name and amount):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_

**8 Your Monthly Income**

a. Gross monthly income (before deductions): List \$ each payroll deduction and amount below: \_\_\_\_\_

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

b. Total deductions (add)

c. Total monthly take-home

d. List the source and amount each month, including: social security, disability, unemployment quarters (BAQ), veterans income, annuities, net reimbursement for job winnings, etc.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

e. Your total monthly income

**REMEMBER:**

**If you checked box 5a. on the previous page: DO NOT FILL OUT THIS PAGE. YOU ARE DONE!**

**If you checked box 5b. on the previous page: Complete sections 7, 8 and 9 on this page.**

**If you checked box 5c. on the previous page: Complete EVERYTHING on this page.**

How Much You Still Owe

How Much You Still Owe

How Much You Still Owe

**9 Household Income**

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

**Total monthly income and household income (8e plus 9b):** \$ \_\_\_\_\_

**11 Your Monthly Expenses**

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ \_\_\_\_\_
- b. Food and household supplies \$ \_\_\_\_\_
- c. Utilities and telephone \$ \_\_\_\_\_
- d. Clothing \$ \_\_\_\_\_
- e. Laundry and cleaning \$ \_\_\_\_\_
- f. Medical and dental expenses \$ \_\_\_\_\_
- g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- h. School, child care \$ \_\_\_\_\_
- i. Child, spousal support (another marriage) \$ \_\_\_\_\_
- j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
- k. Installment payments (list each below):  
Paid to:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_
- l. Wages/earnings withheld by court order \$ \_\_\_\_\_
- m. Any other monthly expenses (list each below). \$ \_\_\_\_\_  
Paid to: How Much?  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly expenses (add 11a -11m above): \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, 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 days on form FW-010.**

*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:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives 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 costs.

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in case number and name:*

**Case Number:**

**Case Name:**

**1 Your Information** (person asking the court to waive the fees):

Name: \_\_\_\_\_  
 Street or mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

**3 Your Lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number): \_\_\_\_\_

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a.  I receive (check all that apply; see form FW-001-INFO for definitions):  Food Stamps  Supp. Sec. Inc.  SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  CalWORKS or Tribal TANF  CAPI
- b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$433.34 for each extra person.
1	\$1,226.05	3	\$2,092.71	5	\$2,959.38	
2	\$1,659.38	4	\$2,526.05	6	\$3,392.71	

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):

- waive all court fees and costs
- waive some of the court fees
- let me make payments over time

**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

Sign here



Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7  Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

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, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

b. 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 on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ \_\_\_\_\_

Total monthly income and household income (8b plus 9b): \$ \_\_\_\_\_

10 **Your Money and Property**

a. Cash \$ \_\_\_\_\_

b. All financial accounts (List bank name and amount):

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

11 **Your Monthly Deductions and Expenses**

a. List any payroll deductions and the monthly amount below:

(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_

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) \_\_\_\_\_ \$ \_\_\_\_\_

m. Wages/earnings withheld by court order \$ \_\_\_\_\_

n. Any other monthly expenses (list each below). \$ \_\_\_\_\_

Paid to: How Much?  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

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

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 days on form FW-010.

**Request to Waive Additional Court Fees (Superior Court)**

**CONFIDENTIAL**

*Clerk stamps date here when form is filed.*

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

**1 Your Information** (*person asking the court to waive the fees*):

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**  
\_\_\_\_\_  
\_\_\_\_\_

**2 Your lawyer, if you have one** (*name, firm or affiliation, address, phone number, and State Bar number*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Fill in case number and name:*

**Case Number:**  
\_\_\_\_\_  
**Case Name:**  
\_\_\_\_\_

- a. The lawyer has agreed to advance all or a portion of your fees or costs (*check one*):  Yes  No
- b. (*If yes, your lawyer must sign here*):  
Lawyer's signature: \_\_\_\_\_

*If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.*

**3** Date your last court fee waiver order, if any, was granted: \_\_\_\_\_

**4** Has your financial situation improved since your last *Request to Waive Court Fees*?  No  Yes  
(*If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.*)

**5** What other fees do you want your court fee waiver order to cover? (*Check all that apply*):

- a.  Jury fees and expenses
- b.  Court-appointed interpreter fees for a witness
- c.  Fees for a peace officer to testify in court
- d.  Fees for court-appointed experts
- e.  Other (*specify*): \_\_\_\_\_

**6** Why do you need these other services? (*Explain*):

\_\_\_\_\_  
\_\_\_\_\_

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.**

Date: \_\_\_\_\_

Print your name here

Sign here



**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: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

**Read this form carefully. All checked boxes  are court orders.**

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number and name:

**Case Number:****Case Name:**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing your:**  *Request to Waive Court Fees*  *Request to Waive Additional Court Fees*  
**the court makes the following orders:**

a.  The court **grants** your request, as follows:

(1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rules 3.55 and 8.818.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Court fee for phone hearing
- Reporter's fee for attendance at hearing or trial, if reporter provided by the court
- 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 rule 8.130 or 8.834
- Making a transcript or copy of an official electronic recording under rule 8.835
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court

(2)  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- Jury fees and expenses
- Fees for court-appointed experts
- Other (specify): \_\_\_\_\_
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

b.  The court **denies** your fee waiver request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1)  The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

(2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c. below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

Bring the following proof to support your request if reasonably available: \_\_\_\_\_

Name and address of court if different from above: \_\_\_\_\_

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

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



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

**Clerk's Certificate of Service**

I certify that I am not involved in this case and (*check one*):  A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (*city*): \_\_\_\_\_, California on the date below.

Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

**This is a Court Order.**