

FW-001 Request to Waive Court Fees**CONFIDENTIAL**

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:

- 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.

Clerk stamps date here when form is filed.

Fill in court name and street address.

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 and Costs* (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) ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

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 \$389.59 for each extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

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) ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain) _____ (If you check 5c, you must fill out page 2)

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. Fill out below based on your average income for the past 12 months.

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 8a (1)-(4) above): \$ _____
- c Total monthly take-home pay (8a minus 8b): \$ _____
- d List the source and amount of any other income you get each month, including: 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) | _____ | \$ _____ |
- e Your total monthly income is (8c plus 8d): \$ _____

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): \$ _____

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.

10 Your Money and Property

- a Cash: _____ \$ _____
- b All financial accounts (List bank name and amount):
- | | | |
|-----|-------|----------|
| (1) | _____ | \$ _____ |
| (2) | _____ | \$ _____ |
| (3) | _____ | \$ _____ |
| (4) | _____ | \$ _____ |
- 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) | \$ _____ | \$ _____ |
| (3) | \$ _____ | \$ _____ |
- e Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe | Fair Market Value | How Much You Still Owe |
|----------|-------------------|------------------------|
| (1) | \$ _____ | \$ _____ |
| (2) | \$ _____ | \$ _____ |
| (3) | \$ _____ | \$ _____ |

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): \$ _____

FW-002**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 case 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 expensesb. ☐ Court-appointed interpreter fees for a witnessc. ☐ Fees for a peace officer to testify in courtd. ☐ Reporter's daily fees (beyond 60-days after grant of a fee waiver, at court-approved daily rate)e. ☐ Fees for court-appointed expertsf. ☐ 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