Request to Waive Administrative Costs Walkthrough

Sacramento Superior Court

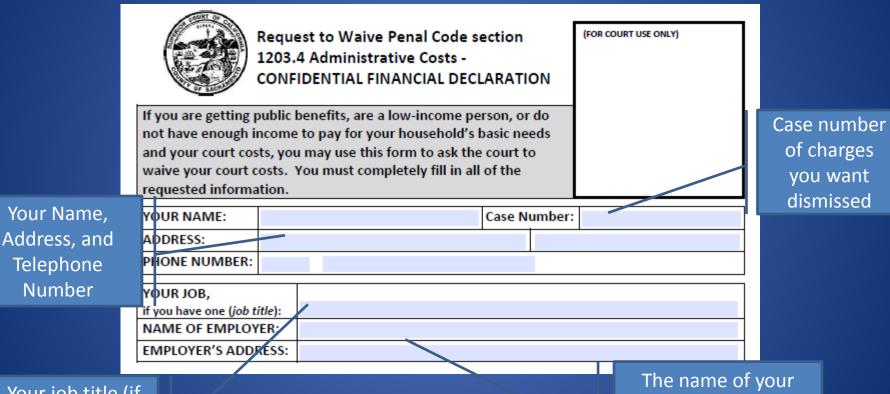
Civil Self-Help Services

813 6th St, Rm 117

Sacramento, CA 95814

(916) 874- 1421

civilselfhelp@saccourt.ca.gov



Your job title (if you have one). If not, write, "unemployed."

employer (the business that employs you) and their address.

Check a. if you receive any of the listed types of government assistance.

If you checked a., you are done!

Don't forget to date, print your name, and sign this form!

WHY ARE YOU ASKING THE COURT TO WAIVE YOUR COURT COSTS? 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. CalWORKS or Tribal IHSS CAPI TANF My gross monthly household income (before deductions for taxes) is less than the amount listed below and I do not have enough income to pay for my household's basic needs and court costs. (If this item is checked you must fill out section 2 of this form.) FAMILY FAMILY If more than 6 FAMILY SIZE FAMILY SIZE FAMILY SIZE INCOME INCOME INCOME people at 1 1,301.05 \$2,221.88 \$3,142,71 home, add \$460.42 for \$1,761.46 \$2,682.30 6 \$3,603.13 each extra

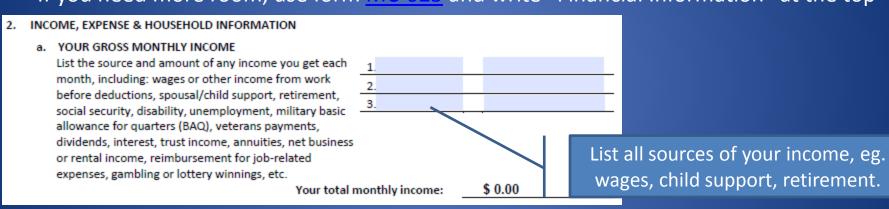
Check b. If your household income (before taxes) is less than the amounts listed, then fill out section 2 on the next page.

person.

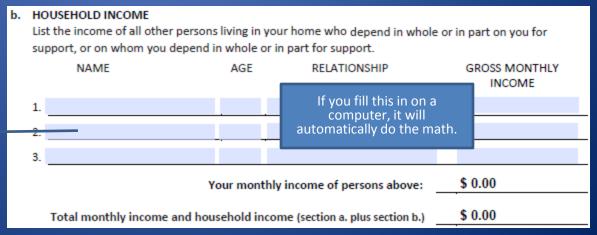
I declar provide	e under penalty of perjury under the la ed on this form and all attachments is t	laws of the State of California that the information I have true and correct.
Date:	SIGNATURE:	
	Type or Print Your Nam	me Here

|--|

If you need more room, use form MC-025 and write "Financial Information" at the top



List the names of the other members of your household, and any income they contribute.



Your Name:	Fill in your name and case number at the top of each page.	Case Number:

If you need more room, use form MC-025 and write "Financial Information" at the top

c.	YOU	R MONEY AND PRO	PERTY						
	1.	CASH							
	2.	ALL FINANCIAL	ILL FINANCIAL BANK NAME				AMOUNT		
		ACCOUNTS	a.						
			b.						
			C.						
	3.	CARS, BOATS & OTHER VEHICLES	YE	AR	MAKE	FA	IR MARKET VALU	ΙE	HOW MUCH YOU STILL OWE
			a.						
			b.						
			c.						
	4.	REAL ESTATE	ADDRE	ESS		FA	IR MARKET VALU	JE	HOW MUCH YOU STILL OWE
		a.							
		b.							

Fill in this section with the cash or other personal property you own.

If you fill this in on a computer, it will automatically do the math.

Top of next page.

OTHER PERSONAL PROPERTY	DESCRIBE	FAIR	MARKET VALUE	OW MUCH DO YOU
JEWELRY, FURNITURE, FURS,				
STOCKS, BONDS, ETC.				



If your request to waive administrative costs was denied, you have 10 days from the date of notice (generally the postmarked date on the letter), to request a hearing to give the judge more information about your financial situation in hopes they will reconsider the denial.

If you fail to appear at this hearing, the denial will stand, and the fees will be referred to Sacramento County Department of Revenue Recovery for collection.



CR-360, Request for Hearing on Penal Code Section 1203.4 Administrative Costs Waiver & Order

10 Page 15	est for Hearing on Penal Code section 4 Administrative Costs Waiver & Order	(FOR COURT USE ONLY)
PETITIONER'S NAME:	Fill in your name, address,	
ADDRESS:	phone number and case	
PHONE NUMBER:	number.	_
CASE NUMBER:		
 Date of order denying I ask the court for a he 	the date the judge nied the request	
situation. Date:	Don't forget to date, print your name, and sign this form!	

For further questions:

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