



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 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.

Print the Court's information on your form if it is not already listed.

Fill in court name and street address:

Superior Court of California, County of Sacramento
720 9th Street
Sacramento, CA 95814
Gordon D. Schaber - Civil Division

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

Name: _____
Street or mail: _____
City: _____ State: _____ Zip: _____
Phone: _____

Print your name, address, and telephone.

Fill in case number and name:

Case Number: _____
Case Name: _____

Print case number and name

2 Your Job, if you have one (name, address, phone number, and State Bar number):

Name of employer: _____
Employer's address: _____

Print the name and address of your employer.
Print "unemployed" if not working

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 Appeals, or Court of Appellate Justice

Mark this box

5 Why are you asking for a fee waiver?

- a. I receive (check one):
 SSP Medi-Cal
- b. My gross monthly income is less than the amount listed in the scale below (check 5b, you must complete questions 7, 8, and 9 on second page.)

Family Size	Fan
1	
2	

- c. I do not have enough income to pay for my household's basic needs and court fees (check one and you must complete questions 7, 8, and 9 on second page.)
 waive all court fees and costs
 let me make payments over time

Mark only one option on question 5:

Mark "a" if you receive governmental assistance. Be sure to indicate the type of assistance you receive.

Or

Mark "b" if your income is less than listed in the scale. COMPLETE questions 7, 8, and 9 on second page.

Or

Mark "c" if your income is above the amount listed in the scale but you do not have enough income to pay for the household basic needs and court fees. Also indicate whether you want to ask for all fees and costs to be waived, for some of the fees to be waived, or to make payments. COMPLETE questions 7, 8, and 9, 10 and 11 on second page.

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

Date, Print and Sign your name here.



Your name: Case Number:

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, re-employment, military benefits, veterans payments, dividend net business or rental income, expenses, gambling or lottery. (1) (2) (3) (4)
- b. Your total monthly income

9 Household Income

- a. List the income of all other dependents who depend in whole or in part on you. (1) (2) (3) (4)
- b. Total monthly income

Total monthly income and household income (8b)

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

How Much You Still Owe

\$

How Much You Still Owe

\$

How Much You Still Owe

\$

ent below:

\$

- 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:

- (1) \$ How Much?
- (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.



**FW-003 Order on Court Fee Waiver
(Superior Court)**

1 Person Name: **Print your name and address.**
Street or mailing address: _____
City: _____ State: ____ Zip: _____

2 Lawyer, if person in 1 has one (name, firm 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.

Clerk stamps date here when form is filed.

Print the Court's information on your form if it is not already listed.

Fill in court name and street address:
Superior Court of California, County of Sacramento
720 9th Street
Sacramento, CA 95814
Civil Division

Fill in case number and name:
Case Number: _____
Case Name: _____

Print case number and 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:

Mark this box

- 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, rule 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
 - Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
 - 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
 - Court fee for phone hearing
 - Giving notice and certificates
 - Sending papers to another court department

Judicial Council of California, www.court.ca.gov
Revised September 1, 2019, Mandatory Government Code, § 68634(e)
Cal. Rules of Court, rule 3.52

Stop

- The court will complete the rest of this form.



Print your name

Case Number:

Your name: _____

b. The court denies your fee waiver request because:

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) Your request 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 incomplete items listed:
 - Below On Attachment

(2) The information requested

The court has enclosed a *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. (1) The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

- Below On Attachment 4c(1)

(2) Bring the items of proof to support your request, if reasonably available, that are listed:

- Below On Attachment 4c(2)

This is a Court Order.



Your name: Print your name Case Number: _____

Name and address of court if different from above: _____

Hearing Date: _____ Date: _____ Time: _____
Dept.: _____ Room: _____

Warning! If item c(1) 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: _____



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• The court will complete the rest of this form.

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(8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- 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.
- A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy

Name: _____

This is a Court Order.