FW-007

Turn in this form with your Request for Hearing, FW-006.

CONFIDENTIAL

Clerk stamps date here when form is filed.

Person who asked for the hearing	na: 💻	Cion diampe date here when form to med.
Name:	_	
Street or mailing address:		SAMPLE ONLY
City Write your name and ac	Idroco in #1	D (CIII (
Fill out #2 if you have a		Do not fill out
Lav e-mail, and State Bar number):	umber,	this form
e-man, and state bar number).		
		Fill out court name and street address: Superior Court of California, County of
		· ·
The court received your request for a hea	•	Write in the court address here
(date):	_	<u> </u>
		Fill in case number and case name:
Read this form carefully. All checked boxes ☑ are court orders.		Case Number h
☐ The court grants your request for a he	earing on your eligibility for a fee	Case Name:
waiver. Go to your court hearing or	•	Write your Case Name here
information about your financial situa	ation to the hearing.	
		address of court if different from above:
	Time: Rm.:	
	4 6 11	
The court denies yo	not fill	OUTI
a. Ine nearing		nial of the request
for a fee wa b. No request	41 •	
c. Other (expl any	/thina (PISPI
	4 1 1 1 1 1 1 1 1 1 1	
	4 8 8	
Date	thic na	
	this pa	erk, Deputy
Request for Acc language interprete	_	captioning, or sign ontact the clerk's
office for Request j		ontact the cierk s
<u> </u>	erk's Certificate of Service	•
ertify that I am not involved in this case an		e of mailing is attached.
I handed a copy of this notice to the party		_
This notice was mailed first class, postage from (city):	paid, to the party and attorney, in, California on the date b	f any, at the addresses listed in \bigcirc and \bigcirc , elow.
ate:	Clerk, by	, Deputy