

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):       TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:  OTHER PARTY:	
<b>ORDER AFTER HEARING ON MOTION TO SET ASIDE                  ORDER TO PAY WAIVED COURT FEES                  (Superior Court)</b>	CASE NUMBER:

1. This proceeding was heard on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 by Judge (*name*): \_\_\_\_\_  Temporary Judge

2. a.  Petitioner/plaintiff present  Attorney present (*name*): \_\_\_\_\_  
 b.  Respondent/defendant present  Attorney present (*name*): \_\_\_\_\_  
 c.  Other party present  Attorney present (*name*): \_\_\_\_\_

3. The order to pay waived court fees filed (*date*): \_\_\_\_\_ ordering (*name*): \_\_\_\_\_  
 to pay court fees

a.  is not set aside on the following grounds (*specify*):

b.  is set aside on the following grounds (*specify*):

4. Other (*specify*):

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

\_\_\_\_\_  
 JUDICIAL OFFICER