

Clerk stamps date here when form is filed.

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.

Fill in court name and street address:

Superior Court of California, County of

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 Instructions)
- Supreme Court, Court of Appeal, or Court of Appellate Court Fees

For question 5, check 'a', 'b', OR 'c':

If you check # 5a, just make sure you check any box that applies to you in 5a.

If you check # 5b, fill out # 7,8 and 9 on the back. Then, you are done!

If you check #5c, fill out everything on back side of the form.

5 Why are you asking the court to waive the fees?

- a.  I receive (check all that apply) \_\_\_\_\_ IHSS (Medi-Cal Assistance for Needy Families) \_\_\_\_\_
- b.  My gross monthly household income is less than \_\_\_\_\_ (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 \$422.92 for each extra person.
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

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): \_\_\_\_\_

6 Check here if you asked for a fee waiver in this case in the last 6 months. (If your previous request was denied, check here.)

Check #6 if you asked for a fee waiver in this case in the last 6 months. Attach that request if you have it and check the second box.

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: Write Today's Date here

Print Your Name here

Sign Here

Print your name here

Sign here

Print Your Name here

Case Number:

Write your Case Number here

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 deduction \_\_\_\_\_

c. Total monthly tax \_\_\_\_\_

d. List the source of your income for each month, including Social Security, disability, quarters (BAQ), income, annuity, reimbursement, 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.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows (1) through (4).

b. Total monthly income of persons above: \$ \_\_\_\_\_

Total monthly income and household income (8e plus 9b): \$ \_\_\_\_\_

10 Your Money and Property

- a. Cash \$ \_\_\_\_\_
b. All financial accounts (List bank name and amount):
(1) \$ \_\_\_\_\_
(2) \$ \_\_\_\_\_
(3) \$ \_\_\_\_\_
(4) \$ \_\_\_\_\_

Table with columns: Describe, Fair Market Value, How Much You Still Owe. Rows (1) through (3).

If you checked # 5b, fill out # 7,8 and 9. You do not have to fill out #10 and #11.

If you checked #5c, fill out everything on this side of the form.

When you answer the items in this page, make sure you fill out everything and that the information is true and complete.

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.

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. \_\_\_\_\_
k. \_\_\_\_\_

READ this notice carefully!

If you want to add any more information, attach form MC-025 or a piece of paper, with your name, case number and write "Financial Information" at the top. Don't forget to check the box in here telling the court you have attached another page.

- l. \_\_\_\_\_
m. \_\_\_\_\_
(2) \$ \_\_\_\_\_
(3) \$ \_\_\_\_\_

Total monthly expenses (add 11a -11m above): \$ \_\_\_\_\_