

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

TELEPHONE NO.:

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

NAME OF COURT:

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/ PETITIONER:

DEFENDANT/ RESPONDENT:

CASE NUMBER:

Escriba su nombre completo aquí  
Escriba su dirección aquí

Escriba su número de teléfono aquí

Escriba "In Pro Per" aquí

Escriba el nombre de su caso aquí

Escriba el número de su caso aquí

**SÓLO PARA MUESTRA**  
No llene este formulario

**APPLICATION FOR WAIVER OF COURT FEES AND COSTS**

I request a court order so that I do not have to pay court fees and costs.

1. a.  I am **not** able to pay any of the court fees and costs.
- b.  I am able to pay **only** the following court fees and costs (specify):
2. My current street or mailing address is (if applicable, include city or town, apartment no. or suite no.):
3. a. My occupation, employer, and employer's address are (specify):
- b. My spouse's occupation, employer, and employer's address are (specify):

**Conteste las preguntas:**  
1(a) ó 1(b)  
2  
3(a) y 3(b)

4.  I am receiving financial assistance under one or more of the following programs:
  - a.  **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
  - b.  **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
  - c.  **Food stamps:** The Food Stamp Program
  - d.  **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. If you checked box 4, you must file a **detainer action. Do not check any of the following boxes.**
  - a.  (Optional) My M...
  - b.  (Optional) My s...
  - c.  I am attaching d...

Para las preguntas 4, 6 y 7, **marque SÓLO uno:**  
**Si marca el número 4,** llene sólo el número 5 ¡y terminó!  
**Si marca el número 6,** llene los números 8, 9a, 9d, 9f y 9g en el otro lado ¡y terminó!  
**Si marca el número 7,** llene todo en el otro lado de este formulario.

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6.  My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7.  My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(Financial information on reverse) (SIGNATURE)

PLAINTIFF/PETITIONER:  
DEFENDANT/RESPONDENT:

Escriba el nombre de su caso aquí

Escriba el número de su caso aquí

FINANCIAL INFORMATION

8.  My pay changes considerably from month to month. [If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ \_\_\_\_\_

b. My payroll deductions are (specify purpose and amount):

- (1) \_\_\_\_\_
(2) \_\_\_\_\_
(3) \_\_\_\_\_
(4) \_\_\_\_\_

My TOTAL payroll deduction amount is: \$ \_\_\_\_\_

c. My monthly take-home pay is (a. minus b.): \$ \_\_\_\_\_

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

- (1) \$ \_\_\_\_\_
(2) \$ \_\_\_\_\_
(3) \$ \_\_\_\_\_
(4) \$ \_\_\_\_\_

The TOTAL amount of other money is: \$ \_\_\_\_\_ (If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ \_\_\_\_\_

f. Number of persons living in my home: \_\_\_\_\_ Below list all the persons living in your home, including your spouse, 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 1-5.

The TOTAL amount of other money is: \$ \_\_\_\_\_ (If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.): \$ \_\_\_\_\_

10. I own or have an interest in the following property:

- a. Cash \$ \_\_\_\_\_
b. Checking, savings, and credit union accounts (list banks):
(1) \$ \_\_\_\_\_
(2) \$ \_\_\_\_\_
(3) \$ \_\_\_\_\_
(4) \$ \_\_\_\_\_

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Table with columns: Property, FMV, Loan Balance. Rows 1-3.

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

11. My monthly expenses not already listed in item 9b above are the following:

- 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 payments \$ \_\_\_\_\_
g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
h. School, child care \$ \_\_\_\_\_
i. Child, spousal support (prior marriage) \$ \_\_\_\_\_
j. Transportation and auto expenses (insurance, gas, repair) \$ \_\_\_\_\_
k. Installment payments (specify purpose and amount):
(1) \$ \_\_\_\_\_
(2) \$ \_\_\_\_\_
(3) \$ \_\_\_\_\_

The TOTAL amount of monthly installment payments is: \$ \_\_\_\_\_

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ \_\_\_\_\_

- m. Other expenses (specify):
(1) \$ \_\_\_\_\_
(2) \$ \_\_\_\_\_
(3) \$ \_\_\_\_\_
(4) \$ \_\_\_\_\_
(5) \$ \_\_\_\_\_

The TOTAL amount of other monthly expenses is: \$ \_\_\_\_\_

n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ \_\_\_\_\_

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

Si marcó el número 6, llene sólo los números 8, 9a, 9d, 9f y 9g ¡y terminó! Si marcó el número 7, llene todo en el otro lado de este formulario.

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