

*Clerk stamps date here when form is filed.*

**1 Your Information** *(person with a fee waiver):*

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**2 Your lawyer**, if you have one *(name, address, phone number, e-mail, and State Bar number):* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3** Date of your **last** court fee waiver order in this case:  
*(date)* \_\_\_\_\_

*Fill out court name and street address:*

**Superior Court of California, County of**

*Fill out case number and case name:*

**Case Number:**

**Case 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**  My financial situation has changed since the date of the last court fee waiver order in a way that improves my ability to pay fees. I ask the court to do one of the following:

a.  **End** my fee waiver because my financial situation has improved and I am able to pay my court fees and costs that are due after *(date)*: \_\_\_\_\_ .

b.  **Review** my updated financial information in the attached *Request to Waive Court Fees*. I believe I am still eligible for a fee waiver. *(Complete form FW-001 and attach to this form.)*

**5**  My case has settled for *(check one)*  less than \$10,000  \$10,000 or more *(if so, complete a and b below.)*

a. I *(check one)*  have  have not received the proceeds of the settlement.

b. The name and address of the party who has agreed to pay the settlement:

\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.**

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

\_\_\_\_\_  
*Print your name here*

\_\_\_\_\_  
*Sign here*