



FORM 982(a)(17) INSTRUCTIONS

APPLICATION FOR WAIVER OF COURT FEES AND COSTS (982(a)(17))

Tips for completing
Court forms,
[Click here](#)

Filling out the Caption on your form

The top of the form has 6 boxes.

Fill out the caption boxes as follows:

1. **“Attorney or Party without Attorney”** - if you do not have an attorney, fill in your name, address, and telephone number.

“Attorney For (Name)” – if you do not have an attorney, write “In Pro Per” (which means that you are representing yourself).
2. **“SUPERIOR COURT OF CALIFORNIA, COUNTY OF”** – write the name of the County where you are filing your case. [Click here for location of courts.](#)
3. **Plaintiff/Petitioner** write the name of the person who filed the lawsuit.

— THIS FORM MUST BE KEPT CONFIDENTIAL —

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address number, and address)</small>	<small>JUDICIAL DISTRICT ONLY</small>
ATTORNEY OR PARTY WITHOUT ATTORNEY FULL NAME (Print) (Last, first, and middle initials) ATTORNEY FOR (Print)	
COUNTY STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE PHONE NUMBER	
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT	CASE NUMBER

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. I am unable to pay any of the court fees and costs.

2. I am unable to pay only the following court fees and costs (specify):

3. My current street or mailing address is (if applicable, include my former, apartment, home, and zip code):

3. a. My occupation, employer, and employer's address are (specify):

3. b. My spouse's occupation, employer, and employer's address are (specify):

4. I am receiving financial assistance under one or more of the following programs:

4. a. SSI and SSP; Supplemental Security Income and State Supplemental Payments Programs

4. b. CalWORKs; CalWORKs Work Opportunity and Responsibility to Kids Act; implementing TANF; Temporary Assistance for Needy Families (formerly AFDC)

4. c. Food Stamps; The Food Stamp Program

4. d. County Relief, General Relief (GRL), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

5. CHECK ONLY ONE BOX. If you checked any boxes in question 4, add information on either line “a” or “b” (but not both), or attach papers that prove you are getting public assistance.
6. Check this box if your total monthly household income (before taxes) is less than the amount shown at #2 on the Information Sheet ([form 982\(a\)\(17\)\(A\)](#)) attached to the front of the this form. Answer questions 8, 9a, 9d, 9f, and 9g on this form. Write the date, and print and sign your name at the bottom of this form.
7. Check this box if your total monthly household income (before taxes) is more than the amount shown at #2 on the Information Sheet, but your income is still not enough to pay for basic things that you and the people in your family whom you support need. Answer questions 8 through 12. Write the date, and print and sign your name at the bottom of this form.

Only fill out the following if you checked box 6 or 7:

8. Check this box if the amount you are paid changes a lot from month to month.
9.
 - a. Write your total monthly income (*before* taxes are taken out). If you checked the box for question 8 above, figure out the average monthly income for the past year. To get this number, add up your total income for the past 12 months and divide that number by 12.
 - b. List each of your monthly payroll deductions. Include the amount of money taken out for each deduction. Add these numbers together and write the total amount for all deductions.
 - c. Write your total monthly take-home pay. To get this number, subtract the total at line “b” from the total at line “a”.
 - d. List any other money you get each month, and describe what it is for (such as child support, scholarships, investment income, rent, etc.)
 - e. Write your total monthly income. To get this number, add the total at line “c” plus the total at line “d”.
 - f. Write the number of people that live in your home. List each person’s name, age, and relationship to you. Write the total amount each person gets paid per month on the line next to his or her name.
 - g. Write the total gross monthly household income. To get this number, add the total at line “a” plus the totals at lines “d” and “f”.

Only fill out the following questions if you checked box 7:

- 10.**
- a.** List the amount of cash you have.
 - b.** Write the total amount of money you have in any checking, savings, and credit union accounts. If you have more than one account, add the amounts in each account before writing the final number.
 - c.** List all the vehicles (include cars, trucks, boats, RV's, etc.) you own. For each vehicle, write the make, year, your estimate of what it is worth today (fair market value (FMV)), and the amount you owe (loan balance).
 - d.** List all real property you own (such as houses or land). For each property, write the address, your estimate of what it is worth today (fair market value (FMV)), and the amount you owe (loan balance).
 - e.** List all personal property you own (jewelry, furniture, furs, stocks, bonds, etc.). Add up the your estimate of what all your personal property together is worth today and write that amount.
- 11.**
- a.** List your rent or house payment, including the cost of maintenance.
 - b.** List the amount you spend each month on household food and supplies.
 - c.** List the amount you spend each month on your utilities and telephone.
 - d.** List the amount you spend each month on clothes for your household.
 - e.** List the amount your household spends each month for laundry and cleaning.
 - f.** List the amount you spend each month for medical and dental bills (*not* health insurance).
 - g.** List the amount you spend each month for insurance in your household (life, health, accident, but *not* car insurance).
 - h.** List the amount you spend each month for school and/or child-care expenses.
 - i.** List any monthly child or spousal support payments you make for a child or children from another marriage or relationship.
 - j.** List the amount you spend each month on transportation and car expenses (including car insurance, repair costs, and gas).

- k.** List and describe any payments you make each month (such as credit card payments or loan payments).
 - l.** List any amounts that are deducted directly from your paycheck each month by wage assignment.
 - m.** List any other monthly expenses not listed in 11 “a” through “i” above. Add all these other expenses together to get the total.
 - n.** Write the total amount of your monthly expenses. To get that number, add the amounts on lines “a” through “m”.
- 12.** If you have any more information that can help the court understand your financial situation (such as unusual medical expenses), explain these on a separate page that you will label "Attachment 12".