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|---|-------------------------------|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): | | FOR COURT USE ONLY |
| Write Your Name Here Write Your Address Here | | <h1>SAMPLE ONLY</h1> <h2>DO NOT FILL OUT THIS FORM</h2> |
| TELEPHONE NO.: | Write Your Phone Number Here | |
| E-MAIL ADDRESS (Optional): | | |
| ATTORNEY FOR (Name): | Write "Self Represented" Here | |
| NAME OF COURT: | | |
| STREET ADDRESS: | | |
| MAILING ADDRESS: | | |
| CITY AND ZIP CODE: | | |
| BRANCH NAME: | | |
| PLAINTIFF/ PETITIONER: | Write Your Case Name Here | |
| DEFENDANT/ RESPONDENT: | | |
| APPLICATION FOR WAIVER OF COURT FEES AND COSTS | | CASE NUMBER: |

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):

Write Your Case Number Here

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any):

Complete questions:
 #1a or 1b
 #2
 #3a and 3b

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

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:
 - a. **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. **CalWORKs:** California Workforce Initiative for Needy Families
 - c. **Food Stamps:**
 - d. **County Relief,**

For questions 4, 6 and 7, check **ONLY** one:
If you check #4: check a, b, c, or d then fill out #5 and you're done!
If you check #6: fill out #8, 9a, 9d, 9f and 9g on page two and you're done!
If you check #7: fill out everything on page two of this form.

5. If you checked box 4, you must complete a **detainer action**. Do not check:

- a. (Optional) My M
- b. (Optional) My s

____ -

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court. [See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[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: Write Today's Date Here

Print Your Name Here

SIGN HERE

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: Write Your Case Name Here CASE NUMBER: Write Your Case Number Here

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, unemployment (BAQ), veterans trust income, reinvestment, gambling or...)

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), (2), (3)

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Table with columns: Property, FMV, Loan Balance. Rows (1), (2), (3)

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

11. My monthly expenses not already listed in item 9b above

REMEMBER: If you check #6: fill out #8, 9a, 9d, 9f and 9g on page two and you're done! If you check #7: fill out everything on this page.

- (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 (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) through (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) \$

- 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):

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