FW-001

Request to Waive Court Fees

If you are getting public benefits, are a low-income person, or do not have

may order you to answer questions about your finances. If the court waives the

• You settle your civil case for \$10,000 or more. The trial court that waives

enough income to pay for household's basic need

use this form to ask the court to we e all or par

• You cannot give the court proof of your eligibility,

• Your financial situation improves during this case, or

fees, you may still have to pay later if:

CONFIDENTIAL Clerk stamps date here when form is filed.

SAMPLE ONLY

Do not fill out this form

1)	waived fees and costs. The court may also charge you any collection costs. Your Information (person asking the court to waive the fees): Name:						ada	lraca bara
Ů							address here	
	Street or mailing address:						Fill in case number and name:	
	City:			Stat	e: Zip:	_	Case Himself	and name.
	Phone	number:					Write y	our Case Numb
2)	Your Job, if you have one (job title):							
	Name of employer's ad Complete items #1, #2 & #4.						Case Name: Write your Case Name h	
3	Your Lawyer Fill out #3 if you have a lawyer.						nber, and State	e Bar number):
	a. The lawyer has agreed to advance all or a portion of your fees or costs <i>(check one)</i> : Yes No \text{No}							
	a. In	ie lawyer has a	igreed to advanc	e an or a por	non or your ree	s of costs (che	cu onc).	
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READ this carefully!

(If your previous req 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.

Write Today's Date here Date:

Print Your Name here

Sign Here



Print your name here

Sign here

Print **Your Name** here

Case Number:

Write your Case Number here

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 Chec	k here if your income changes a lot from month to month.	(10) Your Money and Property						
_	at below based on your average income for the past 12	a. Cash	\$					
month	ns.	b. All financial accounts (List bank	name and amount):					
()	onthly Income	(1)						
	monthly income (before deductions): \$ch payroll deduction and amount below:		\$					
		(3)						
(2)	\$	(4)						
	•							
(4)	If you checked # 5b, file	ll out # 7,8 and 9. You d	lo not have L _{ich You}					
		If you checked # 5b, fill out # 7,8 and 9. You do not have to fill out #10 and #11.						
b. Total d			re 					
c. Total m	III VOU CHECKEU #3C. IIII	out everything on this s	side of the					
d. List the	e source	, 9						
	includin form. y, disabi							
	S (BAQ) When you answer the it	ems in this page, make	sure you euch You					
	e, annuiti	. •	•					
	rsement fill out everything and th	iat the information is tru	e and					
	complete.							
	\$	c. Other personal property (jeweny,	Turriture, Turs,					
	\$	stocks, bonds, etc.):	Fair Market How Much You					
(+)	Ψ	Describe	Value Still Owe					
e. Your t e	otal monthly income is (8c plus 8d): \$	(1)	\$\$					
		(2)	\$\$					
A Househ	old Income	(3)	\$\$					
	other persons living in your home and their income;	Your Monthly Expenses						
	only your spouse and all individuals who depend in	(Do not include payroll deductions you a	ready listed in 8b.)					
	or in part on you for support, or on whom you depend in or in part for support.	 a. Rent or house payment & maint 	enance					
WHOIC	Gross Monthly	 Food and household supplies 	\$					
Nam	3 · · · · · · · · · · · · · · · · · · ·	c. Utilities and telephone	\$					
	\$	d. Clothing	\$					
	\$	e. Laundry and cleaning	\$					
	\$	f. Medical and dental expenses	\$					
(4)	\$	g. Insurance (life, health, accident,	etc.) \$					
h Tatal w	nanthly income of naveous shove.	h. School, child carei. Child, spousal support (another	marriage) \$					
D. Total i	nonthly income of persons above: \$	· .						
Total month	ly income and	READ this notice	carefully!					
hou	sehold income (8e plus 9b): \$	If you want to add any	more					
		information, attach forr	n MC-025 or a 🖳 —					
To list any	other facts you want the court to know, such	piece of paper, with yo	ur name, case					
as unusual 1	medical expenses, family emergencies, etc.,	number and write "Fina	• • • • • • • • • • • • • • • • • • •					
attach form	MC-025. Or attach a sheet of paper, and	I. Information" at the top.						
write Finan	cial Information and your name and case	m check the box in here t	•					
number at t	he top. Check here if you attach another page. 🗌 🗖	you have attached and						
		you have allached and	Julei hage.					
	If your financial situation or ability to pay	(2)						
	mproves, you must notify the court within	(3)						
five days or	n form FW-010.	\ \frac{1}{2}	*					

Your name:

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