



# Samples

**FW-001 Request to Waive Court Fees**

**CONFIDENTIAL**  
Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility.
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

**Your Information** (person asking the court to waive the fees):  
 Name: Paul Sample  
 Street or mailing address: 1234 Main Street  
 City: Sacramento CA 95814  
 Phone: 916-555-1234

**2 Your Job**, if you have one (job)  
 Name of employer: Joe's Shop  
 Employer's address: 1234 Any Street, Sacramento, CA 95817

**3 Your Lawyer**  
 a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No   
 b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_  
 If your lawyer is not providing legal-aid type services based on your hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**  
 Superior Court (See Information Sheet)  
 Supreme Court, Court of Appeal, or Appellate Court Fees (form APP-015)

**5 Why are you asking the court to waive your court fees?**  
 a.  I receive (check all that apply; see form FW-001-INFO for definitions):  Food Stamps  Supp. Sec. Inc.  SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  CalWORKS or Tribal TANF  CAPI  
 b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$460.42 for each extra person.
1	\$1,301.05	3	\$2,221.88	5	\$3,142.71	
2	\$1,781.46	4	\$2,682.30	6	\$3,603.13	

c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):  
 waive all court fees and costs  waive some of the court fees  
 let me make payments over time  
 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

**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.**  
 Date: 04/01/2019  
 Signature: Sample  
(your name here) Sign here

Judicial Council of California, www.courts.ca.gov  
 Revised March 15, 2019, Mandated by Government Code, § 69620  
 Cal. Rules of Court, rules 3.01 & 3.02

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**Si selecciono casilla 5a, NO llene esta página.  
Si selecciono casilla 5b, NADA MAS llene 7, 8, y 9.  
Si selecciono casilla 5c, llene la página entera.**

Entre su número de caso. Si no tiene un número de caso, déjelo en blanco

Case Number: \_\_\_\_\_

Your name: Paul Sample

Entre su nombre

Si sus ingresos cambian de mes a mes, marque la casilla

Entre todo el efectivo que tiene disponible, liste todas sus cuentas bancarias incluyendo los balances. Liste todos sus vehículos y bienes inmuebles, incluyendo el valor justo del mercado y el tamaño que debes

7  Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 **Your Gross Monthly Income**  
a. List the source and amount of any income you get each month.

Liste la fuente de todos sus ingresos antes de deducciones. Nada más liste SUS ingresos, los ingresos de los otros miembros del hogar se pidieran después

(1)	Wages	\$2,850
(2)	\$	
(3)	\$	
(4)	\$	

b. Your total monthly income: \$2,850

9 **Household Income**  
a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) Ben Sample	17	Son	\$800
(2) Brenda Sample	12	Daughter	\$0
(3)			\$
(4)			\$

b. Total monthly income of persons above: \$800

Total monthly income and household income (8b plus 9b): \$3,650

Liste el nombre, la edad, relación, y los ingresos de cada persona que vive con usted que usted apoya o que apoya a usted. Si no tienen ingresos, entre \$0. Añade los totales de 8b y 9b

Si usted tiene gastos excepcionales que usted cree la corte debe considerar, marque esta casilla y use formulario MC-025 para explicar

10 **Your Money and Property**

a. Cash \$20

b. All financial accounts (List bank name and amount):

(1) Bank of Sacramento	\$100
(2)	\$
(3)	\$

Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) 2000 Honda	\$2,000	\$0
(2) 2012 Toyota	\$8,500	\$5,000
(3)	\$	\$

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) 1204 Main St., Sacramento, CA	\$250,000	\$225,000
(2)	\$	\$

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

Describe	Fair Market Value	How Much You Still Owe
(1) NONE	\$	\$
(2)	\$	\$

11 **Your Monthly Deductions and Expenses**

a. List any payroll deductions and the monthly amount below:

(1) Federal and State Tax	\$329.58
(2) Medical, Dental, and Vision Insurance	\$145.36
(3) FICA/CASDI	\$108.76
(4)	\$

b. Rent or house payment & maintenance \$1,400

c. Food and household supplies \$500

d. Utilities and telephone \$350

e. Clothing \$20

f. Laundry and cleaning \$35

g. Medical and dental expenses \$15

h. Insurance (life, health, accident, etc.) \$50

i. School, child care \$0

j. Child, spousal support (another marriage) \$0

k. Transportation, gas, auto repair and insurance \$300

l. Installment payments (list each below):

    Paid to:

(1) Bank of Sacramento (Auto Loan)	\$215
(2) Sac Shop (Revolving)	\$100
(3)	\$

m. Wages/earnings withheld by court order \$

n. Any other monthly expenses (list each below):

    Paid to:

	How Much?
(1)	\$
(2)	\$
(3)	\$

Total monthly expenses (add 11a - 11n above): \$3,650.00

Entre todo el efectivo que tiene disponible, liste todas sus cuentas bancarias incluyendo los balances. Liste todos sus vehículos y bienes inmuebles, incluyendo el valor justo del mercado y el tamaño que debes

Incluye otros artículos valiosos y el tamaño que debe

Liste todas las deducciones de su pago mensual

Liste sus gastos mensuales, incluyendo el tamaño que gasta en cada categoría. "Installment Payments" típicamente son pagos del carro, pagos de crédito

Si tiene un embargo de salario, liste el tamaño aquí

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## Order on Fee Waiver

**3 Order on Court Fee Waiver (Superior Court)**

*3* **Order on Court Fee Waiver (Superior Court)**

*1* **Person who asked the court to waive court fees:**  
 Name: Paul Sample  
 Street or mailing address: 1234 Main Street  
 City: Sacramento State: CA Zip: 95814

*2* **Lawyer, if person in *1* has one (name, address, e-mail, and State Bar number):** In Pro Per

*3* A request to waive court fees was filed on (date): 04/01/2019  
 The court made a previous fee waiver order in this case on (date):

**Read this form carefully. All checked boxes  are court orders.**

**Notice:** The court may order you to answer questions about your financial situation. If this happens and you do not pay, the court can make you pay the fees. If there is a change in your financial circumstances during this case that increases the amount of the waived fees, 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** After reviewing your request, the court makes the following order:  
 a.  The court grants your request to waive additional court fees.

**NO LLENE NINGUNA OTRA SECCION DE ESTE FORMULARIO.**  
 La corte completara el resto del formulario y se lo regresara por correo.

**1**  **Fee Waiver.** The court grants your request to waive the court fees and costs listed below. (Cal. Rules of Court, rules 3.55 and 8.016.) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Court fee for phone hearing
- Reporter's fee for attendance at hearing or trial, if reporter provided by the court
- Assessment for court investigations under Probate Code section 1513, 1826, or 1851
- Preparing, certifying, copying, and sending the clerk's transcript on appeal
- Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
- Making a transcript or copy of an official electronic recording under rule 8.835
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court

**2**  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (Cal. Rules of Court, rule 3.56.) You do not have to pay for the checked items:

- Jury fees and expenses
- Fees for court-appointed experts
- Other (specify):
- Fees for a peace officer to testify in court
- Court-appointed interpreter fees for a witness

Superior Court of California, County of SACRAMENTO  
 720 N. Sacramento Street  
 Sacramento, CA 95814

Fill in case number and name:  
**Case Number:**  
**Case Name:**  
 Sample v. ABC Company

JUDICIAL BRANCH OF CALIFORNIA, www.courts.ca.gov  
 Revised July 1, 2015, Mandatory Form  
 Government Code, § 68034(e)  
 Cal. Rules of Court, rule 3.52

**Order on Court Fee Waiver (Superior Court)** FW-003, Page 1 of 2

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