

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 household's basic needs and your court fees, you may use this form to ask the court to waive all or part of 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.

Fill in court name and street address:

Fill in case number and name:

Case Number:
Case Name:

1 Your Information *(person asking the court to waive the fees):*

Name: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____
 Phone number: _____

2 Your Job, if you have one *(job title):* _____

Name of employer: _____
 Employer's address: _____

3 Your lawyer, if you have one *(name, firm or affiliation, address, phone number, and State Bar number):*

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 low income, you may have to go to a 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 on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)*
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court *(See Information Sheet on Waiver of Appellate Court Fees and Costs (form APP-015/FW-015-INFO).)*

5 Why are you asking the court to waive your court fees?

- a. I receive *(check all that apply)*: Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- 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	<i>If more than 6 people at home, add \$389.59 for each extra person.</i>
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

- 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)*: waive all court fees waive some of the court fees let me make payments over time *(Explain):* _____ *(If you check 5c, you must fill out page 2.)*

6 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: _____

Print your name here

▶
Sign here

Case Number: _____

Your name: _____

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 Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income
a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Total deductions (add 8a (1)-(4) above): \$ _____
c. Total monthly take-home pay (8a minus 8b): \$ _____
d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income
a. List all other persons living in your home and their income; include only your spouse and all individuals 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) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Total monthly income of persons above: \$ _____
Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.
Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property
a. Cash _____ \$ _____
b. All financial accounts (List bank name and amount):
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
c. Cars, boats, and other vehicles
Make / Year Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____
d. Real estate
Address Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Describe Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____

11 Your Monthly Expenses
(Do not include payroll deductions you already listed in 8b.)
a. Rent or house payment & maintenance \$ _____
b. Food and household supplies \$ _____
c. Utilities and telephone \$ _____
d. Clothing \$ _____
e. Laundry and cleaning \$ _____
f. Medical and dental expenses \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (another marriage) \$ _____
j. Transportation, gas, auto repair and insurance \$ _____
k. Installment payments (list each below):
Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
l. Wages/earnings withheld by court order \$ _____
m. Any other monthly expenses (list each below):
Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
Total monthly expenses (add 11a-11m above): \$ _____