

# MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

## ADDITIONAL FEE WAIVER PACKET

Use this Packet if you already have an initial fee waiver granted and you are requesting additional fees to be waived. For example; jury fees and expenses, court-appointed interpreter fees for witness, fees for a peace officer to testify in court or fees for court-appointed experts.

If your financial situation has not improved from your initial fee waiver you may qualify for these additional fees.

This packet includes the following forms: [FW-002](#) *Request to Waive Additional Court Fees* and [FW-003](#) *Order on Court Fee Waiver*.

1. Fill out a *Request to Waive Additional Court Fees* ([Form FW-002](#)) and the top of the *Order on Court Fee Waiver* ([Form FW-003](#)). Use the included instructions for [FW-002](#) and [FW-003](#) as a guide.
2. Make 1 copy of your completed forms, FW-002 and FW-003.
3. Turn in your forms to the clerk at the Civil Division (located on the 4<sup>th</sup> Floor). The clerk will tell you how long it will take to process your application for fee waiver.

If you have any questions you can ask the court's [family law facilitator/self-help center](#) (located on the 1<sup>st</sup> Floor) to review your paperwork.

*Clerk stamps date here when form is filed.*

**SAMPLE ONLY**  
**Do not fill out this form**

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

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

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Fill out question #1.**  
**Fill out #2 if you have a lawyer.**

**2 Your lawyer's information** (*number, and State Bar number*): \_\_\_\_\_  
\_\_\_\_\_

Fill in case number and case name:  
Case Number: **Write your Case Number here**  
Case Name: **Write your Case Name here**

**On question #3, write the date of your latest fee waiver order. Leave it blank if you do not have one.**

**3** Date your *last* court fee waiver order, if any, was granted: \_\_\_\_\_  
*is 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** Has your financial situation improved since your last *Request to Waive Court Fees*?  No  Yes (*If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.*)

**On #4, check the box that applies to you.**

**5** What other fees do you want your court fee waiver order to cover? (*Check all that apply.*)

- a.  Jury fees and expenses
- b.  Court-appointed counsel
- c.  Fees for a peace officer
- d.  Reporter's daily fee (*not waived daily rate*)
- e.  Fees for court-appointed interpreter
- f.  Other (*specify*): \_\_\_\_\_

**For #5, check every box that applies to the fees you want the court to waive. If the fee you need waived isn't listed, check "f" and explain what it is.**

**6** Why do you need these other services? (*Explain*): \_\_\_\_\_  
\_\_\_\_\_

**For #6, explain why you need to pay for these services, like, if you want to waive jury fees, explain that you are going to have a jury trial.**

**Notice: The court may order you to answer questions about your financial situation. If this happens and you do not pay, there may be a change in your financial circumstances. You must answer within five days. (Use this form to file your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the case. The trial court may not dismiss the case until the lien is paid.)**

**READ this Notice carefully!**

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

**Write Today's Date here**

**Sign Here**

**Print Your Name here**

*Print your name here*

*Sign here*

1 Person who asked the court to waive court fees:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_

Write your name and address in #1.  
Fill out #2 if you have a lawyer.

2 Lawyer (Name, Address, Telephone Number, e-mail, and State Bar number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 A request to waive court fees was filed on (date):

\_\_\_\_\_  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 finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court. The court may order the other side to pay the fees. If you are ordered to pay the fees, you must pay the amount of the waived fees.

Do not fill out anything else on this page.

4 After reviewing the court makes the following order:

- a.  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.
 Fee Waiver for Trial Court, including:
• Filing
• Making
• Sheriff
• Reporter
• Preparing

(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 a peace officer to testify in court
 Fees for court-appointed experts  Court-appointed interpreter fees for a witness
 Reporter's daily fees (beyond the 60-day period following the fee waiver order)
 Other (specify): \_\_\_\_\_

(3)  Fee Waiver for Appeal. The court grants your request and waives the fees and costs checked below, for your appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) You do not have to pay for the checked items.

- Preparing and certifying clerk's transcript for appeal
 Other (specify): \_\_\_\_\_

SAMPLE ONLY
Do not fill out this form

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and case name:

Case Number: Write your Case Number here

Case Name: Write your Case Name here

Give Additional Court Fees

listed below. (Cal. Rules of

certificates
other court department
interpreter in small claims court
court-approved daily rate)
hearings

Your name: \_\_\_\_\_

**Write your Name here**

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

**Write your Case Number here**

b.  The court **denies** your request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1)  The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a \_\_\_\_\_ (specify item(s)):

(2)  The court is not eligible for \_\_\_\_\_

The court \_\_\_\_\_ (Superior Court), form FW-006.

- Pay your \_\_\_\_\_
- Ask for \_\_\_\_\_

c.  The court needs more information below. The hearing date is \_\_\_\_\_

Bring the \_\_\_\_\_

**Do not fill out anything else on this page.**

**Hearing Date** →

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name and address of court if different from page 1: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

Signature of (check one):  Judicial Officer  Clerk, Deputy



**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for Request for Accommodation, Form MC-410. (Civil Code, § 54.8.)

**Clerk's Certificate of Service**

I certify that I am not involved in this case and (check one):  A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

*Clerk stamps date here when form is filed.*

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

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

Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

**2 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.*

**3** Date your *last* court fee waiver order, if any, was granted: \_\_\_\_\_

**4** Has your financial situation improved since your last *Request to Waive Court Fees*?  No  Yes *(If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.)*

**5** What other fees do you want your court fee waiver order to cover? *(Check all that apply):*

a.  Jury fees and expenses

b.  Court-appointed interpreter fees for a witness

c.  Fees for a peace officer to testify in court

d.  Fees for court-appointed experts

e.  Other *(specify)*: \_\_\_\_\_

**6** Why do you need these other services? *(Explain)*:

\_\_\_\_\_  
\_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of MADERA**  
200 South G Street  
Madera, CA 93637

Civil Division

*Fill in case number and name:*

**Case Number:**

**Case Name:**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, 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.

**I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
*Print your name here*

\_\_\_\_\_  
*Sign here*

Your name: \_\_\_\_\_

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

Name and address of court if different from above:  
\_\_\_\_\_



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c(1) is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

Signature of (check one):  Judicial Officer  Clerk, Deputy

### Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- I handed a copy of this Order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.
- A certificate of mailing is attached.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

Name: \_\_\_\_\_

**This is a Court Order.**

# FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of  
MADERA  
200 South G Street  
Madera, CA 93637

Civil Division

Fill in case number and name:

Case Number:

Case Name:

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

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, 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 to Waive Court Fees  Request to Waive Additional Court Fees the court makes the following orders:**

a.  The court grants your request, as follows:

- (1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55 and 8.818.*) 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
  - Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
  - 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
  - Court fee for phone hearing
  - Giving notice and certificates
  - Sending papers to another court department
- (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 a peace officer to testify in court  
 Fees for court-appointed experts               Court-appointed interpreter fees for a witness  
 Other (specify): \_\_\_\_\_

Your name: \_\_\_\_\_

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

b.  The court **denies** your fee waiver request because:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1)  Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:
  - Below
  - On Attachment 4b(1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2)  The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated:  Below  On Attachment 4b(2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* (form FW-006). You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. (1)  The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

Below  On Attachment 4c(1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2)  Bring the items of proof to support your request, if reasonably available, that are listed:

Below  On Attachment 4c(2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is a Court Order.**



Your name: \_\_\_\_\_

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

Name and address of court if different from above:  
\_\_\_\_\_



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c(1) is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: \_\_\_\_\_

Signature of (check one):  Judicial Officer  Clerk, Deputy

### Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- I handed a copy of this Order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.
- A certificate of mailing is attached.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy

Name: \_\_\_\_\_

**This is a Court Order.**