

# MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

## FEE WAIVER PACKET

Use this Packet if you are filing papers that require you to pay a filing fee and you cannot afford to pay the fees. You can go to [www.courts.ca.gov/7646.htm](http://www.courts.ca.gov/7646.htm) to look up the Statewide Civil Court Fee Schedule. If you are asking for fees to be waived in a guardianship or conservatorship case, there are different forms for those types of cases.

This packet includes the following forms: [FW-001-INFO](#) *Information Sheet on Waiver of Court Fees and Costs*, [FW-001](#) *Request to Waiver Court Fees* and [FW-003](#) *Order on Court Fee Waiver*.

### **There are 3 ways to qualify:**

- If you are receiving SSI, SSP, CalWORKS, Food Stamps, County Relief, General Relief, Med-Cal, Food Stamps, IHSS, Tribal TANF, CAPI, WIC or Unemployment Insurance Benefits you qualify for a fee waiver.
- If your gross household income is below 200% of the Federal Poverty Guideline for the number of people living in your home, you qualify for a fee waiver.
- If the court finds that you do not have enough income to pay for your household's basic needs AND the court fees.

### **How to ask for a fee waiver:**

1. Read the *Information Sheet on Waiver of Superior Court Fees and Costs* ([Form FW-001-INFO](#)). Use the included sample instructions as a guide.
1. Fill out the *Request to Waive Court Fees* ([Form FW-001](#)) AND the *Order on Court Fee Waiver* ([Form FW-003](#)), reading the forms very carefully.
2. Sign your request for a fee waiver under penalty of perjury. So, on your forms, you must tell the truth, and your answers must be accurate and complete.
3. Turn in your fee waiver forms to the clerk at the Civil Division. The clerk will tell you how long it will take to process your request 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. **Note:** Fee waivers expire 60 days after your case is finished, either by a judgment, a dismissal, or in some other way. They can also end if the court finds that you are no longer eligible for the fee waiver.

## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, if you are filing or have received a family law petition, or if you are asking the court to appoint a guardian for a minor or a conservator for an adult or are an appointed guardian or conservator, and if you (or your ward or conservatee) cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you (or your ward or conservatee) are getting public benefits, are a low-income person, or do not have enough income to pay for your (or his or her) household's basic needs and your court fees, you may ask the court to waive all or part of those fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001) or, if you are petitioning for the appointment of a guardian or conservator or are an appointed guardian or conservator, complete the *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC). If you qualify, the court will waive all or part of its fees for the following:
  - Filing papers in superior court (other than for an appeal in a case with a value of over \$35,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fee for telephone hearing
  - 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 (use form FW-020 to ask for a court 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 Cal. Rules of Court, rule 8.833 or 8.834
  - Making a transcript or copy of an official electronic recording under Cal. Rules of Court, rule 8.835
  - Giving notice and certificates
  - Sending papers to another court department
2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002) or *Request to Waive Additional Court Fees (Superior Court) (Ward or Conservatee)* (form FW-002-GC). The court will consider waiving fees for items such as the following, or other court services you need for your case:
  - Jury fees and expenses
  - Fees for court-appointed experts
  - Other necessary court fees
  - Fees for a peace officer to testify in court
  - Court-appointed interpreter fees for a witness
3. If you want the Appellate Division of the Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees (Supreme Court, Court of Appeal, Appellate Division)* (form APP-015/FW-015-INFO).

### IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability, or the ability of your ward or conservatee, to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you or your ward or conservatee are granted may be ended if you do not go to court when asked. You or your ward's or conservatee's estate may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **Public benefits programs listed on the application form.** In item 5 on the Request to Waive Court Fees (item 8 of the Request to Waive Court Fees (Ward or Conservatee)), there is a list of programs from which you (or your ward or conservatee) may be receiving benefits, listed by the abbreviations they are commonly known by. The full names of those programs can be found in Government Code section 68632(a), and are also listed here:
  - Medi-Cal
  - Food Stamps—California Food Assistance Program, CalFresh Program, or SNAP
  - SSP—State Supplemental Payment
  - Supp. Sec. Inc.—Supplemental Security Income (not Social Security)

*(list continues on next page)*

- County Relief/Gen. Assist.—County Relief, General Relief (GR), or General Assistance (GA)
  - IHSS—In-Home Supportive Services
  - CalWORKs—California Work Opportunity and Responsibility to Kids Act
  - Tribal TANF—Tribal Temporary Assistance for Needy Families
  - CAPI—Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants
  - WIC—Special Supplemental Nutrition Program for Woman, Infants, and Children
  - Unemployment—unemployment compensation
- **If you receive a fee waiver, you must tell the court if there is a change in your finances, or the finances of your ward or conservatee.** You must tell the court within five days if those finances improve or if you, or your ward or conservatee, become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) or *Notice to Court of Improved Financial Situation or Settlement (Ward or Conservatee)* (form FW-010-GC) with the court.) You may be ordered to repay any amounts that were waived after your eligibility, or the eligibility of your ward or conservatee, came to an end.
  - **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
  - **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases and in guardianships and conservatorships. (Gov. Code, § 68637(d), (e); and Cal. Rules of Court, rule 7.5).
  - **If you settle your civil case for \$10,000 or more:** Any trial court-waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
  - **The court can collect fees and costs due the court.** If waived fees and costs are ordered paid to the trial court, or if you fail to make the payments over time, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
  - **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you or your ward or conservatee are not eligible for a fee waiver. If the case is a guardianship or conservatorship proceeding, see California Rules of Court, rule 7.5(k) for information on the final disposition of that matter.
  - **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time. See Government Code section 68635.
  - **If you want a record made of your court hearing or trial:** There are various reasons why you may want a record of the hearing or trial. Among other reasons, you may want to have a record for an appeal if you disagree with a court order or judgment. If you receive a fee waiver and if the court is not electronically recording the proceeding, you may ask the court to have an official court reporter attend your hearing or trial at no cost to you, so there can be a record of the proceeding. You should use form FW-020 to make the request, which you should file at least 10 calendar days before a scheduled court date, or as soon as you can if the court date is set with less than 10-days' notice.

If you want a written transcript after the hearing or trial, you will need to pay the court reporter separately, or arrange to get the transcript in another way. To learn about ways to do that, talk with the court's Self Help Center or read the information about appeals on the self-help webpages at <https://courts.ca.gov/selfhelp-appeals.htm>.

*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, use this form to ask the court to waive all or part of the 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:

**READ this carefully!**

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

**Write in the court address here**

- 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.

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

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

*Fill in case number and name:*

**Case Number**  
**Write your Case Number here**

**Case Name**  
**Write your Case Name here**

*(number, and State Bar number):*

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

Name of employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

**Complete items #1, #2 & #4.**  
**Fill out #3 if you have a lawyer.**

**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 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 Instructions)
- Supreme Court, Court of Appeal, or Court of Appellate Court Fees

**For question 5, check 'a', 'b', OR 'c':**  
**If you check # 5a, just make sure you check any box that applies to you in 5a.**  
**If you check # 5b, fill out # 7,8 and 9 on the back. Then, you are done!**  
**If you check #5c, fill out everything on back side of the form.**

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

- a.  I receive (check all that apply) \_\_\_\_\_ IHSS (Medi-Cal Assistance for Needy Families) \_\_\_\_\_
- b.  My gross monthly household income is less than \_\_\_\_\_ (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 \$422.92 for each extra person.</i>
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

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): \_\_\_\_\_

**6**  Check here if you asked for a fee waiver in this case in the last 6 months. (If your previous request was denied, check the first box.)

**Check #6 if you asked for a fee waiver in this case in the last 6 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.**

Date: **Write Today's Date here**

**Print Your Name here**

**Sign Here**

*Print your name here*

*Sign here*

Print Your Name here

Case Number:

Write your Case Number here

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 deduction \_\_\_\_\_

c. Total monthly tax \_\_\_\_\_

d. List the source of your income for each month, including Social Security, disability, quarters (BAQ), annuity, income, reimbursement, 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.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows (1) through (4).

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

Total monthly income and household income (8e plus 9b): \$ \_\_\_\_\_

10 Your Money and Property

- a. Cash \$ \_\_\_\_\_
b. All financial accounts (List bank name and amount):
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_

Table with columns: Describe, Fair Market Value, How Much You Still Owe. Rows (1) through (3).

If you checked # 5b, fill out # 7,8 and 9. You do not have to fill out #10 and #11.

If you checked #5c, fill out everything on this side of the form.

When you answer the items in this page, make sure you fill out everything and that the information is true and complete.

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.

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. \_\_\_\_\_
k. \_\_\_\_\_

READ this notice carefully!

If you want to add any more information, attach form MC-025 or a piece of paper, with your name, case number and write "Financial Information" at the top. Don't forget to check the box in here telling the court you have attached another page.

- (2) \_\_\_\_\_
(3) \_\_\_\_\_

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

Clerk stamps date here when form is filed.

**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, Phone Number, e-mail, and State Bar number): \_\_\_\_\_

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

Fill in court name and street address:  
 Superior Court of California, County of \_\_\_\_\_

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

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 do not pay, you may be liable for 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 for a fee waiver 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.

(1)  Fee Waiver for Trial Court, including:

- Filing
- Making
- Sheriff
- Reporter
- Preparation

(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*): \_\_\_\_\_

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 \_\_\_\_\_ (see **items**):

(2)  The court \_\_\_\_\_ shows that you are not eligible for \_\_\_\_\_

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

- Pay your \_\_\_\_\_
- Ask for \_\_\_\_\_ (6 to request hearing.)

c.  The court needs \_\_\_\_\_ below. The hearing \_\_\_\_\_ court on the date \_\_\_\_\_

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.*

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.

*Fill in court name and street address:*

**Superior Court of California, County of MADERA**  
 200 SOUTH G STREET  
 MADERA, CALIFORNIA 93637  
 CIVIL DIVISION

*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: \_\_\_\_\_

**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 (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; 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  WIC  Unemployment
- 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 \$896.67 for each extra person.</i>
1	\$2,510.00	3	\$4,303.34	5	\$6,096.67	
2	\$3,406.67	4	\$5,200.00	6	\$6,993.34	

- 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

**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*





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. 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, including: wages or other income from work before deductions, 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) \_\_\_\_\_ \$ \_\_\_\_\_

b. Your total monthly income: \$ \_\_\_\_\_

**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) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

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

**Total monthly income and household income (8b plus 9b):** \$ \_\_\_\_\_

**10 Your Money and Property**

- a. Cash \$ \_\_\_\_\_
- b. All financial accounts (List bank name and amount):
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_

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) _____	\$ _____	\$ _____

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

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

**11 Your Monthly Deductions and Expenses**

- a. List any payroll deductions and the monthly amount below:
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_
  - (4) \_\_\_\_\_ \$ \_\_\_\_\_
- b. Rent or house payment & maintenance \$ \_\_\_\_\_
- c. Food and household supplies \$ \_\_\_\_\_
- d. Utilities and telephone \$ \_\_\_\_\_
- e. Clothing \$ \_\_\_\_\_
- f. Laundry and cleaning \$ \_\_\_\_\_
- g. Medical and dental expenses \$ \_\_\_\_\_
- h. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_
- i. School, child care \$ \_\_\_\_\_
- j. Child, spousal support (another marriage) \$ \_\_\_\_\_
- k. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
- l. Installment payments (list each below):
  - Paid to:
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (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):** \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, 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.**

# 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.**