# MADERA SUPERIOR COURT

200 South G Street Madera CA 93637

# Fee Waiver Packet Instructions

# When to use this Packet

Use this Packet if you are filing papers with the Court that require you to pay a filing fee and you cannot afford to pay the fees.

If you are low income or receiving aid you may qualify for a waiver of your courts fees. Review the Information sheet carefully to see if you qualify.

If you or the ward(s) are receiving SSI, SSP, CalWORKS, Food Stamps, County Relief, General Relief, Med-Cal, Food Stamps, IHSS, Tribal TANF or CAPI, you qualify for a fee waiver.

If your gross household income is below the amount set out in the chart on the Information Sheet for the number of people living in your home, you qualify for a fee waiver.

This packet includes an "Information Sheet on Waiver of Court Fees and Costs" [FW-001info, a "Request to Waiver Court Fees [FW-001], and an "Order on Court Fee Waiver (Superior Court)[FW-003].

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# 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 \$25,000)
  - · Making and certifying copies
  - · Sheriff's fee to give notice

  - Court fee for telephone hearing
- · Giving notice and certificates
- Sending papers to another court department
- Having a court-appointed interpreter in small claims court
- Reporter's fee for attendance at hearing or trial, if a reporter is 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 8.833 or 8.834.
- Making a transcript or copy of an official electronic recording under rule 8.835
- 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 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:
  - Food Stamps—California Food Assistance Program, CalFresh Program, or SNAP
  - Supp. Sec. Inc.—Supplemental Security Income (not Social Security) SSP—State Supplemental Payment
  - County Relief/General Assistance—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

- 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 (Nard or 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. (Government Code, section 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 to 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.

# EXAMPLE **FORMS** EXPLAINING HOW TO FILL OUT THE ACTUAL **FORMS**

# **Request to Waive Court Fees**

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		C	lerk stamps date he	ere when form is filed.	
If you are getting public benefits, are a low-incom	e person, or do not l	nave			
enough income to pay for your household's basic	needs and your cour	t fees, you			
may use this form to ask the court to waive your c	ourt fees. The court	may order			
you to answer questions about your finances. If the	ees, you				
may still have to pay later if:					
<ul> <li>You cannot give the court proof of your eligit</li> </ul>	<ul> <li>You cannot give the court proof of your eligibility,</li> </ul>				
<ul> <li>Your financial situation improves during this</li> </ul>	case, or	s	uperior Court of	f California, County of	
<ul> <li>You settle your civil case for \$10,000 or more</li> </ul>	e. The trial court tha		Iadera		
your fees will have a lien on any such settlem	ent in the amount o	f the 2	00 South G Str	eet	
waived fees and costs. The court may also ch	arge you any collec	tion costs. N	ladera CA 936	537	
Your Information (person asking the cour	t to waive the fees):	C	ivil Division		
Name: Print or type your name here					
Street or mailing address: Print or type your	address here	Fil	l in case number a	nd name:	
City: Your City	State: Ca Zip: _		ase Number:		
Phone number:			aco manno		
Your Job, if you have one (job title):					
Name of employer: If employed fill this sect	ion out	1	ase Name:		
Employer's address:		la	ist name vs last	name	
3 Your Lawyer, if you have one (name, firm	or affiliation addre	ess phone nun	nher, and State	Bar number):	
3 Tour Edityer, it you have one (name, jum	or affiliation, addition	ob, priorie imi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a. The lawyer has agreed to advance all or a	portion of your fee	s or costs (che	eck one): Yes	□ No ×	
b. (If yes, your lawyer must sign here) Lawy					
If your lawyer is not providing legal-aid	type services based	on your low in	icome, you may	have to go to a	
hearing to explain why you are asking the					
What court's fees or costs are you as					
Superior Court (See Information Shee	et on Waiver of Supe	erior Court Fe	es and Costs (1	form FW-001-INFO).)	
Supreme Court, Court of Appeal, or A	Appellate Division of	of Superior Co	urt (See Inform	ation Sheet on Waiver	
of Appellate Court Fees (form APP-0	15/FW-015-INFO).	)	`		
(5) Why are you asking the court to waive					
a.   I receive (check all that apply; see for			: 🔲 Food Sta	amps  Supp. Sec. Inc.	
SSP Medi-Cal County Relie	f/Gen. Assist.	IHSS 🔲 Ca	alWORKS or T	ribal TANF 🔲 CAPI	
b. My gross monthly household income					
you check 5b, you must fill out 7, 8, a					
Family Size Family Income Family S		Family Size	Family Income	If more than 6 people	
1 \$1,256.26 3	\$2,127.09	5	\$2,997.92	at home, add \$435.42	
2 \$1,691.67 4	\$2,562.51	6	\$3,433.34	for each extra person.	
c. I do not have enough income to pay f	or my household's l	basic needs an	d the court fees	s. I ask the court to:	

(check one and you <u>must</u> fill out page 2): waive some of the court fees waive all court fees and costs 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:)

declare under penalty of perjury under the laws of the	ie State of California that the information I have provide
on this form and all attachments is true and correct.	
2-4	

Print or type your name here Print your name here

Sign here

Your name: Print or type your name her	e					
If you checked 5a on page 1, do not fi	Il out below. If vo	ou check	ed 5b. fil	ll out auestions 7	. 8. and 9 d	only.
If you checked 5c, you must fill out the						
sheet of paper and write Financial Info						
, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-,-:	
Check here if your income changes a lot fi	rom month to month	(10) Y	our Mone	y and Property		
If it does, complete the form based on you			Cash			\$
the past 12 months.		b.	All financ	ial accounts (List bank	name and amo	ount):
Nour Gross Monthly Income			(1)			\$
a. List the source and amount of <i>any</i> income	ou get each month,					\$
including: wages or other income from work	before deductions,					\$
spousal/child support, retirement, social sec unemployment, military basic allowance for		C.	Cars, boa	ats, and other vehicles		
veterans payments, dividends, interest, trus			Mak	e / Year	Fair Market Value	How Much Yo Still Owe
net business or rental income, reimburseme			(1)		\$	\$
expenses, gambling or lottery winnings, etc			(2)		\$	\$
(1)			(3)		\$	\$
(2)		d.	Real esta		Fair Market	
(4)				ress	Value \$	Still Owe
b. Your total monthly income:	\$		(2)			\$
5. Four total monthly medine.	Ψ		_			Ψ
9 Household Income		e.	Other pers stocks, bo	onal property (jewelry,	furniture, furs,	
a. List the income of all other persons living in					Fair Market	
depend in whole or in part on you for suppo depend in whole or in part for support.	π, or on whom you		Desc (1)	ribe	Value \$	Still Owe
	Gross Monthly					\$
Name Age Relationship						
(2)				nly Deductions and		
(3)		◯ a.		ayroll deductions and th		
(4)						
b. Total monthly income of persons above:						
· · · · · · · · · · · · · · · · · · ·	Ψ		(4)			
Total monthly income and household income (8b plus 9b):	\$	b.		ouse payment & mainte		\$
	\			household supplies		\$
				nd telephone		\$
			Clothing			\$
		t.		and cleaning		\$
		g. h		nd dental expenses (life, health, accident, o	etc )	g
		i.	School, cl		-	\$
		j.		usal support (another n	narriage)	\$
				ation, gas, auto repair a		\$
		l.		nt payments (list each b	elow):	
			Paid to:	=		\$
						\$
			_			\$
To list any other facts you want the court to k	cnow, such as					•
unusual medical expenses, etc., attach form M				rnings withheld by cour		\$
attach a sheet of paper and write Financial In	formation and	n.	Paid to:	monthly expenses (list	eacri below).	\$ How Much?
your name and case number at the top.						How Much?
Check here if you attach a	inother page.					\$
Important! If your financial situation or ab	ility to nav					\$
court fees improves, you must notify the co		Total				
days on form FW-010.		rotai m	onthiy 6)	cpenses (add 11a –1	in above): (	<b></b>

Case Number:

FW-003 Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
Person who asked the court to waive court fees:  Name: Print or type your name here  Street or mailing address: Print or type your address here  City: State: Zip:	
2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):	
	Fill in court name and street address:
A request to waive court fees was filed on (date):	Superior Court of California, County of Madera 200 South G Street Same Madera CA 93637
The court made a previous fee waiver order in this case on (date).	Civil Division
Read this form carefully. All checked boxes 🗹 are court orders.	Case Number: If you have a case # list the case number here
teua mis form curejuny. The encencu boxes in a court orners.	Case Name: Last name vs. Last name
	Last hame vs. East hame
fees. If this happens and you do not pay, the court can make you pay the fees an is a change in your financial circumstances during this case that increases your anotify the trial court within five days. (Use form FW-010.) If you win your case to pay the fees. If you settle your civil case for \$10,000 or more, the trial court wamount of the waived fees. The trial court may not dismiss the case until the lies	ability to pay fees and costs, you must, the trial court may order the other side will have a lien on the settlement in the
After reviewing your:  Request to Waive Court Fees  Request to the court makes the following orders:	o Waive Additional Court Fees
a. The court grants your request, as follows:	
<ul> <li>Making copies and certifying copies</li> <li>Sheriff's fee to give notice</li> <li>Court-a</li> <li>Court fee for phone hearing</li> <li>Reporter's fee for attendance at hearing or trial, if reporter pro</li> <li>Assessment for court investigations under Probate Code section</li> <li>Preparing, certifying, copying, and sending the clerk's transcript or Holding in trust the deposit for a reporter's transcript on appearance of the properties of the pr</li></ul>	the court fees for the following: notice and certificates g papers to another court department appointed interpreter in small claims court ovided by the court on 1513, 1826, or 1851 ipt on appeal al under rule 8.130 or 8.834 g under rule 8.835
	aives your additional superior court fees .56.) You do not have to pay for the eace officer to testify in court inted interpreter fees for a witness
Other (specify):	

Your name: Print or type your name here	Case Number: If you have a case # list the case number here
b. The court denies your fee waiver request, as follows:	
Warning! If you miss the deadline below, the court cannot process you you filed with your original request. If the papers were a notice of appear	
<ul> <li>(1) The court denies your request because it is incomplete. You hat this order (see date of service on next page) to:</li> <li>Pay your fees and costs, or</li> <li>File a new revised request that includes the items listed be</li> </ul>	
(2) The court <b>denies</b> your request because the information you pronot eligible for the fee waiver you requested (specify reasons):	
The court has enclosed a blank Request for Hearing About Conform FW-006. You have 10 days after the clerk gives notice of Pay your fees and costs in full or the amount listed in c. b. Ask for a hearing in order to show the court more inform hearing.)	f this order (see date of service below) to: pelow, or
c. The court needs more information to decide whether to grant your below. The hearing will be about (specify questions regarding elignment)	request. You must go to court on the date gibility):
Bring the following proof to support your request if reasonably	y available:
Name	and address of court if different from above;
Hearing Date:Time:	
Date Dept.: Room:	
Warning! If item c is checked, and you do not go to court on your request to waive court fees, and you will have 10 days to pay your court cannot process the court papers you filed with your request. the appeal may be dismissed.	fees. If you miss that deadline, the
Date:	☐ Judicial Officer ☐ Clerk, Deputy
Request for Accommodations. Assistive listening systems, com language interpreter services are available if you ask at least 5 day office for Request for Accommodation, Form MC-410. (Civil Cool	puter-assisted real-time captioning, or sign ys before your hearing. Contact the clerk's
Clerk's Certificate of Serv I certify that I am not involved in this case and (check one):  A certificate	
I handed a copy of this order to the party and attorney, if any, listed in This order was mailed first class, postage paid, to the party and attorney, from (city):  California on the da	If any, at the addresses listed in (1) and (2)
Date: Clerk, by  This is a Court Order.	, Deputy
Revised July 1, 2015	ion Count)

ACTUAL FORMS TO FILL OUT, PLEASE TYPE OR PRINT NEATLY IN BLACK INK

# Request to Waive Court Fees

# CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Madera

200 South G Street Madera CA 93637 Civil Division

Fill in case number and name:

Case Number:

Case Name:

Superior Court of California, County of

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 n							
1	Your Information (person asking the court to waive the fees):							
$\odot$	Name:							
	Street or mailing address:							
	City:	State:	Zip:					
	Phone number:							

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

Name of employer: Employer's address:

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 🗌
h	(If we your lawyer must sign here) I awver's signature:		

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.

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).)

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

	-	-	_	<u> </u>						
a.		I receiv	e (check all	that apply; see form F	W-001-INF(	O for defii	nitions): 🗌	Food Stamps	: 🔲 Supp	o. Sec. Inc.
		SSP [	Medi-Cal	☐ County Relief/Ger	n. Assist. [	] IHSS	☐ CalWC	RKS or Tribal	TANF	☐ CAPI

b.  $\square$  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
1	\$1,256.26	3	\$2,127.09	5	\$2,997.92	at home, add \$435.42
2	\$1,691.67	4	\$2,562.51	6	\$3,433.34	for each extra person.

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 let me make payments over time waive some of the court fees

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:)  $\; \Box$ 

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:		

Sign here

Your name;	Case	Number:	
If you checked 5a on page 1, do not fill out below. If you checked 5c, you <b>must</b> fill out this entire page. If sheet of paper and write Financial Information and you	you need more space, at	ttach form MC-025	•
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.  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) \$	(1) (2) (3)  c. Cars, boats, and oth	er vehicles  Fair Market Value  S  S  etions and Expenses etions and the monthly amount of the monthly	\$\$  How Much You Still Owe \$\$  S\$  S\$  \$
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	m. Wages/earnings within. Any other monthly ex Paid to:  (1)  (2)  (3)	held by court order penses (list each below).	\$
days on form FW-010.	Total monthly expenses (	add 11a –11n above):	\$

FW-003	Order on Court Fe (Superior Court)	ee Waiver		Clerk stamps date here when form is filed.
Person who as	sked the court to waive co	ourt fees:		
Street or mailing	address:			
City:	State:	Zip:		
2 Lawyer, if pers	son in ① has one (name, a Bar number):	ddress, phone nu		
				Fill in court name and street address:  Superior Court of California, County of
( <u>-</u>				MADERA
				200 South G Street
				MADERA CA 93637
(3)	ve court fees was filed on (date			CIVIL DIVISION
☐ The court ma	ade a previous fee waiver orde	er in this case on	(date):	
				Fill in case number and name:
				Case Number:
Read this form caref	fully. All checked boxes 🗹 d	are court orders	•	O. Marrie
				Case Name:
is a change in your fin notify the trial court w to pay the fees. If you	ancial circumstances during the ithin five days. (Use form FW)	nis case that incre 7-010.) If you win 100 or more, the t	ases your al your case, rial court w	I also charge you collection fees. If there bility to pay fees and costs, you must the trial court may order the other side ill have a lien on the settlement in the is paid.
After reviewing y the court makes	your:	aive Court Fees	☐ Rec	quest to Waive Additional Court Fees
a. The court	grants your request, as follow	vs:		
				rt fees and costs listed below. (Cal. ne court fees for the following:
• Filing pa	apers in Superior Court		• Giving r	notice and certificates
• Sheriff '	copies and certifying copies s fee to give notice e for phone hearing			papers to another court department pointed interpreter in small claims court
• Reporter	r's fee for attendance at hearing tent for court investigations ur			
<ul><li>Preparin</li><li>Holding</li></ul>	ig, certifying, copying, and ser in trust the deposit for a report a transcript or copy of an office	nding the clerk's t ter's transcript on	ranscript or appeal und	n appeal der rule 8.130 or 8.834
(2) Addi	tional Fee Waiver. The court	grants your reque	est and wai	ves your additional superior court fees 6.) You do not have to pay for the
	Jury fees and expenses Fees for court-appointed expe	erts [		a peace officer to testify in court ppointed interpreter fees for a witness

				Case Number:	
ur name:					
b. The	court denies your fe	e waiver request, as follo	ws:		
		deadline below, the court ca I request. If the papers were			
(1)	this order (see date • Pay your fees a		0:	•	
	• File a new revi	ised request that includes	the items listed bel	ow (specify incompl	ete items):
(2)		our request because the infee waiver you requested		rided on the request	shows that you are
	form FW-006.You • Pay your fees	osed a blank <i>Request for H</i> have <b>10 days</b> after the cleand costs in full or the aming in order to show the c	erk gives notice of ount listed in c. be	this order (see date of low, or	of service below) to
	e court needs more in	aformation to decide whet be about (specify question			to court on the date
-	ow. The hearing win				
		g proof to support your re	quest if reasonably	available:	
	Bring the following	g proof to support your re	quest if reasonably		nt from above:
Hearing		g proof to support your re Time:	quest if reasonably	available:	nt from above:
	Bring the following	g proof to support your re	quest if reasonably	available:	nt from above:
Hearing Date	Bring the following  Date: Dept.:  Dept.:  Dept.:  Dept.: Dept.: Dept.: Dept.:	g proof to support your re  Time: Room: hecked, and you do not go fees, and you will have 1 the court papers you filed	Name and address to to court on your hold days to pay your	available:  ss of court if differer  earing date, the judg fees. If you miss tha	ge will deny your
Hearing Date  W re	Bring the following  Date: Dept.:  Dep	g proof to support your re  Time: Room: hecked, and you do not go fees, and you will have 1 the court papers you filed missed.	Name and address to court on your hold days to pay your with your request. I	available:  ss of court if differer  earing date, the judg fees. If you miss tha f the papers were a	ge will deny your
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