FW-001 Request to Waive Court Fees

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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

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
1	$2,660.00	3	$4,553.33	5	$6,446.67
2	$3,606.67	4	$5,500.00	6	$7,393.33

If more than 6 people at home, add $946.67 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 ☐ 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*

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Your name: _____ **Case Number:**

*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):* $_____

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.**

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):* $_____

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FW-001

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