FW-001		Request to	o Waive C	Court Fees			FIDENTIAL
If you are getting p enough income to p may use this form you to answer ques may still have to pa	bay for to ask th tions al ty later	your household ne court to waiv oout your finand if:	's basic needs ye your court t ces. If the cou	s and your cour fees. The court art waives the fe	t fees, you may order	Clerk stamps date f	iere when form is filed.
• You cannot gi					L	Fill in court name an	d street address:
-	r civil o have a	case for \$10,000 lien on any suc	or more. The h settlement i	e trial court tha n the amount o	f the	Superior Court o	of California, County of
\frown	nation	s. The court may (person asking	the court to v	vaive the fees):			
					[Fill in case number a	and name:
City:		lress:	State	e: Zip:	[Case Number:	
Phone:							
Name of emp	loyer:	we one (<i>job title</i>				Case Name:	
		ou have one (na				umber, and State	e Bar number):
 b. (If yes, yo If your law hearing to If your law hearing to Super Super of App 5 Why are yo a. I recei Food CalW My gr you ch 	ur lawy yyer is j explai. s fees or Cou ne Cou ellate (u aski ve (che Stamps ORKS oss mot	er must sign he not providing le n why you are a or costs are rt (See Informa rt, Court of App Court Fees (form ng the court f eck all that appl Court Tribal TANF	re) Lawyer's egal-aid type I usking the cou you asking tion Sheet on peal, or Appel m APP-015/F to waive you y; see form F . Inc. SSIF Inc. SSIF	signature: services based of to be waive the Waiver of Super- llate Division or W-015-INFO). ur court fees W-001-INFO for P Medi-Ca PI WIC ore deductions	on your low fees. 1? f Superior C) ? or definition. 1	<i>Fees and Costs</i> (Court (See <i>Inforn</i> s): ty Relief/Gen. A Inemployment less than the am	y have to go to a form FW-001-INFO).) nation Sheet on Waiver assist.
	1	\$2,265.00	3	\$3,838.34	5	\$5,411.67	at home, add \$786.67
	2	\$3,051.67	4	\$4,625.00	6	\$6,198.34	for each extra person.
(check □ wa 6 □ Check he (If your p	<i>one an</i> nive all re if yo <i>revious</i> malty c	ed you <u>must</u> fill court fees and o u asked the cou s request is reas of perjury undo	out page 2): costs	vaive some of the pur court fees for a the please attact of C	ne court fees or this case i <i>ach it to this</i>	☐ let me ma n the last six mo form and check	s. I ask the court to: ake payments over time onths. <i>here</i>):
Print your name he	re				Sign here		

Print your name here

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out guestions 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.

	Oberly have if your income allow near a lat from month to month.
()	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)	\$_	
(2)	\$_	
(3)	\$	
(4)	\$	

b. Your total monthly income:

Household Income 9

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.

			Gross Monthly
Name	Age	Relationship	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.

Your Money and Property

a. Cash

(2)

a.	Cas	h			\$	5
b.	All f	inancial accounts (List bank	na	ame and amo	зu	int):
	(1)				\$	5
	(2)				\$	5
	(3)				\$	5
c.	Car	s, boats, and other vehicles				
		Make / Year		Fair Market Value		How Much You Still Owe
	(1)		_\$			_\$
	(2)		\$			\$
	(3)		\$			\$
d.	Rea	l estate		Fair Market		How Much You
		Address		Value		Still Owe
	(1)		_\$			\$
	(2)		\$			\$

e. Other personal property (jewelry, furniture, furs,

stocks, bonds, etc.):	Fair Market	How Much You
Describe	Value	Still Owe
(1)	\$\$	_\$
(2)	\$	_\$

Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

	(1)	\$
		\$
	(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	e \$
Ι.	Installment payments (<i>list each below</i>): 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): \$_