

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF YUBA  
215 FIFTH STREET, SUITE 200  
MARYSVILLE CA 95901  
(530) 749-7600

**NOTICE TO INDIVIDUALS FILING FEE WAIVER APPLICATIONS**

By completing the attached forms, you are representing to this Court that you are unable to pay court filing fees and costs. The information you provide to us in these forms may be verified and, should erroneous information be discovered, you may be subject to penalties and/or the documents you filed may be stricken.

**INSTRUCTIONS FOR COMPLETING FORMS**

1. ***Application for Waiver of Court Fees and Costs*** [Jud Council Form FW-001]

- Fill in your name, address, and telephone number in Number 1.
- Complete the front of the form as applicable.
- In Number 5 if you check Box a, complete all that apply then proceed to Number 6.
- In Number 5 if you check Box b or c, you must provide the Court with proof of income and complete the second page of the form as indicated.
- Sign and date the *Application* **prior** to photocopying.

2. ***Order on Application for Waiver of Court Fees and Costs*** [Jud Council Form FW-003]

- Fill in your name, address, and telephone number in Number 1.
- Complete Number 2 if applicable.

**NOTE:**

The original and two copies of the fee waiver forms must accompany the documents you are filing.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of 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.

Clerk stamps date here when form is filed.

Fill in court name and street address:

YUBA COUNTY SUPERIOR COURT  
215 FIFTH STREET, SUITE 200  
MARYSVILLE, CA 95901

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

**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 and Costs* (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):  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)  CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- 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	\$1,163.55	3	\$1,988.55	5	\$2,813.55
2	\$1,576.05	4	\$2,401.05	6	\$3,226.05

*If more than 6 people at home, add \$412.50 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):  waive all court fees  waive some of the court fees  let me make payments over time (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

**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

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

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 deductions (add 8a (1)-(4) above): \$ \_\_\_\_\_
c. Total monthly take-home pay (8a minus 8b): \$ \_\_\_\_\_
d. List the source and amount of any other income you get each month, including: 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) \_\_\_\_\_ \$ \_\_\_\_\_
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
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_
b. Total monthly income of persons above: \$ \_\_\_\_\_
Total monthly income and household income (8e plus 9b): \$ \_\_\_\_\_

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.

10 Your Money and Property

- a. Cash \_\_\_\_\_ \$ \_\_\_\_\_
b. All financial accounts (List bank name and amount):
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
(4) \_\_\_\_\_ \$ \_\_\_\_\_
c. Cars, boats, and other vehicles
Table with columns: Make / Year, Fair Market Value, How Much You Still Owe
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
d. Real estate
Table with columns: Address, Fair Market Value, How Much You Still Owe
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Table with columns: Describe, Fair Market Value, How Much You Still Owe
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_
k. Installment payments (list each below):
Paid to:
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(2) \_\_\_\_\_ \$ \_\_\_\_\_
(3) \_\_\_\_\_ \$ \_\_\_\_\_
l. Wages/earnings withheld by court order \$ \_\_\_\_\_
m. Any other monthly expenses (list each below). \$ \_\_\_\_\_
Paid to: How Much?
(1) \_\_\_\_\_ \$ \_\_\_\_\_
(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 or mailing address: \_\_\_\_\_

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

**2 Lawyer, if person in 1 has one (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): \_\_\_\_\_

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

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number and case 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.

**4 After reviewing your (check one):  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.*) 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 daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
  - Preparing and certifying the clerk's transcript on appeal
  - Giving notice and certificates
  - Sending papers to another court department
  - Court-appointed interpreter in small claims court
  - Court fees for phone hearings
- (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*): \_\_\_\_\_

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

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

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 new revised request that includes the items listed below (*specify incomplete items*):

\_\_\_\_\_

(2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

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 below) to:

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

c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

\_\_\_\_\_

Bring the following proof to support your request if reasonably available: \_\_\_\_\_

**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.*

**1 Your Information** *(person with a fee waiver):*

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

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

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

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

**2 Your lawyer**, if you have one *(name, address, phone number, e-mail, and State Bar number):* \_\_\_\_\_

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

**3** Date of your **last** court fee waiver order in this case:  
*(date)* \_\_\_\_\_

*Fill out court name and street address:*

**Superior Court of California, County of**

*Fill out case number and case 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.

**4**  My financial situation has changed since the date of the last court fee waiver order in a way that improves my ability to pay fees. I ask the court to do one of the following:

a.  **End** my fee waiver because my financial situation has improved and I am able to pay my court fees and costs that are due after *(date)*: \_\_\_\_\_ .

b.  **Review** my updated financial information in the attached *Request to Waive Court Fees*. I believe I am still eligible for a fee waiver. *(Complete form FW-001 and attach to this form.)*

**5**  My case has settled for *(check one)*  less than \$10,000  \$10,000 or more *(if so, complete a and b below.)*

a. I *(check one)*  have  have not received the proceeds of the settlement.

b. The name and address of the party who has agreed to pay the settlement:

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

**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*

**Notice to Appear for Reconsideration of Fee Waiver**

Clerk stamps date here when form is filed.

**Warning:** If you do not go to the hearing on the date and time below, the court may cancel your fee waiver.

**1 Name of person who asked the court to waive court fees:**

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

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

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

\_\_\_\_\_

**3 The court has information that (check all that apply):**

a.  Your financial situation may have changed, or you may no longer be eligible for a fee waiver because (explain): \_\_\_\_\_

\_\_\_\_\_

b.  You may be increasing the costs of your case unnecessarily. The fee waiver for the court services you are using may be limited because (explain): \_\_\_\_\_

\_\_\_\_\_

c.  Your case is coming to an end, and the court requires some information about your eligibility to have your court fees waived.

**4 You must go to court on the date below:**

<b>Hearing Date</b> →	Date: _____	Time: _____	Name and address of court if different from above: _____ _____
	Dept.: _____	Rm.: _____	

Bring the following information if reasonably available: \_\_\_\_\_

\_\_\_\_\_

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 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 notice to the party and attorney, if any, listed in 1 and 2, at the court, on the date below.

This notice 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.

**1 Name of person who asked the court to waive court fees:**

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

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

**2 Name of lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):** \_\_\_\_\_

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

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

\_\_\_\_\_

**4 The court sent you a notice to go to court about your fee waiver on (date):**

\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number and case name:

**Case Number:**

**Case Name:**

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

**5 There was a hearing on (date):** \_\_\_\_\_  
**at (time):** \_\_\_\_\_ **in (Department):** \_\_\_\_\_

The following people were at the hearing (check all that apply):

Person in 1       Lawyer in 2

Others (names): \_\_\_\_\_

**6 After considering the information provided at the hearing, the court makes the following order:**

a.  **No Change to Fee Waiver.** The *Order on Court Fee Waiver* issued by this court on (date): \_\_\_\_\_ remains in effect. No change is made at this time.

b.  **Fee Waiver Is Ended as of (date):** \_\_\_\_\_. The court finds that beginning on that date you were no longer eligible for a fee waiver because): \_\_\_\_\_

(1) You must pay all court fees in this case from the date of this order.

(2)  You must also pay the court \$ \_\_\_\_\_ for fees that were initially waived after you were no longer eligible.

(a)  You must pay that amount within 10 days of this order.

(b)  You may pay that amount in monthly payments of \$ \_\_\_\_\_ beginning (date): \_\_\_\_\_ and payable on the 1st of each month after that until paid in full.

c.  **Fee Waiver Is Retroactively Withdrawn.** The court finds that you were never entitled to a fee waiver in this case because: \_\_\_\_\_

(1) You must pay all court fees in this case from the date of this order.

(2)  You must also pay the court \$ \_\_\_\_\_ for fees that the court initially waived.

(a)  You must pay that amount within 10 days of this order.

(b)  You may pay that amount in monthly payments of \$ \_\_\_\_\_ beginning (date): \_\_\_\_\_ and payable on the 1st of each month after that until paid in full.

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

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

6 d.  **Fee Waiver Is Modified.** The court finds that you obtained the initial fee waiver in bad faith, for an improper purpose, or to needlessly increase the costs of litigation. The court places the following limitations on the fee waiver that was granted to you:

- (1)  You must pay all court fees in this case from the date of this order.
- (2)  From the date of this order, only the following court fees will be waived (*court to check all that apply*).


**You must pay for all court fees that are not checked below:**

- Filing papers at superior court       Making certified copies       Giving notice and certificates
- Sheriff's fee to give notice       Sending papers to another court department
- Court-appointed interpreter       Court-appointed interpreter fees for a witness
- Reporter's daily fee (*up to 60 days after date of fee waiver*)       Reporter's daily fees (*beyond 60 days after the fee waiver*)
- Jury fees and expenses       Fees for a peace officer to testify in court
- Court-appointed expert's fees       Court fees for telephone hearings
- Other (*specify*): \_\_\_\_\_

(3)  Other modification: \_\_\_\_\_  
\_\_\_\_\_

e.  **Other Order:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

 \_\_\_\_\_  
*Signature of Judge or Judicial Officer*

**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