

FEE WAIVER & ORDER ON FEE WAIVER INSTRUCTION PACKET



www.LSNC.net

DISCLAIMER: This handout is intended to provide accurate, general information regarding legal rights relating to Unlawful Detainer in California. Because laws and legal procedures are subject to frequent change and differing interpretations, LSNC cannot ensure the information in this fact sheet is current nor be responsible for any use to which it is put. This is not legal advice. Do not rely on this information without consulting an attorney or the appropriate agency about your rights in your particular situation. This information is current as of the date of publication, June 2021.

FORMS WITH INSTRUCTIONS

Blank forms are clipped to this packet.

TO DO:

- Get the papers you were served the Summons and Complaint and the Mandatory Cover Sheet and Supplemental Allegations forms. You will need information from these papers to fill out your own forms.
- Use the Blank Forms at the end of this packet to prepare your Fee Waiver and Order on Fee
 Waiver. If you want to view the blank forms in a separate window or tab, you can <u>click here</u>.
- Start filling out your papers now.
- Read the "Forms with Instructions" section of this packet. There are pictures of the forms
 included in the instructions. These pictures have additional information and tips to help
 you fill out your own Answer.

Some of the pictures of the forms tell you what to write in the fillable boxes or what box to check.

1. Defendant (each defendant for whom this answer is filed must be named and must sign this answer unless his or her attorney signs):

Write in the names of all defendants (including yourself) who will also be signing this Answer with you.

answers the complaint as follows:

Other pictures give you tips, like how to know which attachment pages should be counted.

If you filled out and attached any pages to your Answer, like Attachment 3o, write the number of pages you are stapling to your answer.

REMEMBER: Type or print neatly in black or blue ink only!

INSTRUCTIONS: REQUEST TO WAIVE COURT FEES (FW-001)

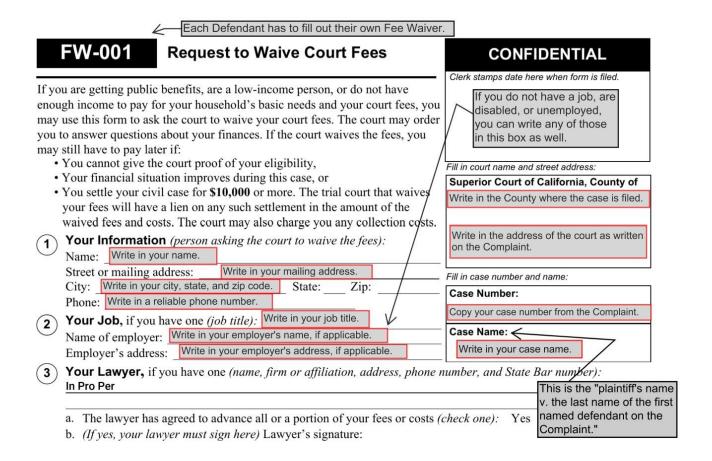
Fill out the numbered parts of the blank Fee Waiver form clipped to this packet by:

- Following the instructions below and
- Using the pictures of the forms with notes on them as a guide.

<u>Page 1</u>

Use the guide on the attached page to complete the Fee Waiver. If you do not file a completed Fee Waiver, you may have to pay a filing fee when you file your Answer.

Each defendant must fill out and file their own Fee Waiver and Order on Fee Waiver even if each defendant signed the same Answer.



Item 5: Why are you asking the court to waive your court fees?

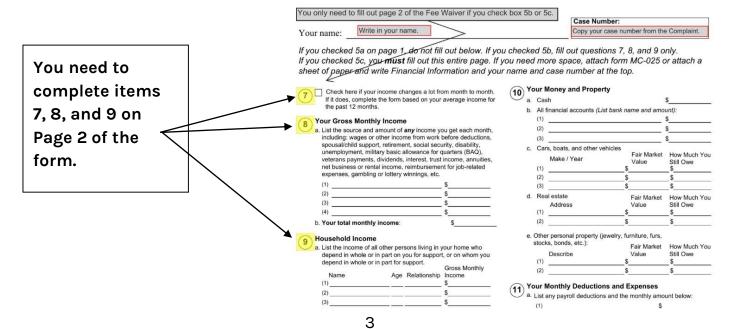
a. If you receive Medi-Cal, Food Stamps, or any other benefit listed under section 5a., check box 5a. **and** place a check in the box of ALL benefits you receive. **Note: Only check "IHSS" if you are receiving the services of an IHSS worker.

4	What	court's fees	or costs are	you asking	to be waived	l?			i
\mathbf{C}	~	Superior Cour	rt (See Informa	tion Sheet on	Waiver of Supe			ark in the box	NFO).)
		Supreme Cour	rt, Court of Ap	peal, or Appel	late Division o	f Superior of	ALL the benef	its you	Waiver
		of Appellate C	Court Fees (for	m APP-015/F	W-015-INFO).)		_	
5	Why a	re you askir	ng the court	to waive you	ur court fees	?	ĺ		
(-)	a. 🗀		7			•	Food St	tamps Supp.	Sec. Inc.
					n. Assist.			Tribal TANF	
	b	My gross mor	nthly household	l income (befo	ore deductions	for taxes) is le	ss than the an	nount listed belo	ow. (If
	\	you check 5b.	you must fill o	ut 7, 8, and 9	on page 2 of th	is form.)		If you do not re-	ceive any
		Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	benefits, you m	ay still
		1	\$1,329.17	3	\$2,262.50	5	\$3,195.84	qualify for a fee	waiver.
		2	\$1,795.84	4	\$2,729.17	6	\$3,662.50	Read sections	And the second second second second
	c. 🗲	I do not have	enough income	to pay for my	household's b	asic needs an	d the court fee	Then choose w	
	•	(check one an	d you <mark>must</mark> fill	out page 2):				fits your situation	
		waive all	court fees and	costs	☐ waive s	some of the co	ourt fees	best. Make sure	
		let me ma	ke payments or	ver time				out the required	sections
6	☐ Ch	eck here if you	u asked the cou	rt to waive yo	our court fees fo	or this case in	the last six mo	on page 2.	
	(If	your previous	request is reas	sonably availa	ble, please atto	ach it to this fo	orm and check	there): \square	
I decl	lare un	der penalty o	f perjury und	er the laws of	the State of C	California tha	t the informa	tion I have pro	vided
on th	on this form and all attachments is true and correct.								
Date:	١	Vrite in the date	t <u>.</u>		k	Vou must	sign this form		
	Write in your name.								
Print	Print your name here Sign here								
Revised I Governm	redicial Council of California, www.courts.ca.gov evised March 24, 2020, Mandatory Form Request to Waive Court Fees FW-001, Page 1 of 2 Overmient Code, § 68633 All Public of Court pulse 3,51,826 and 8,818								

If you checked box 5a., go to the bottom of Page 1 and sign and date the form. **The form is now complete.**

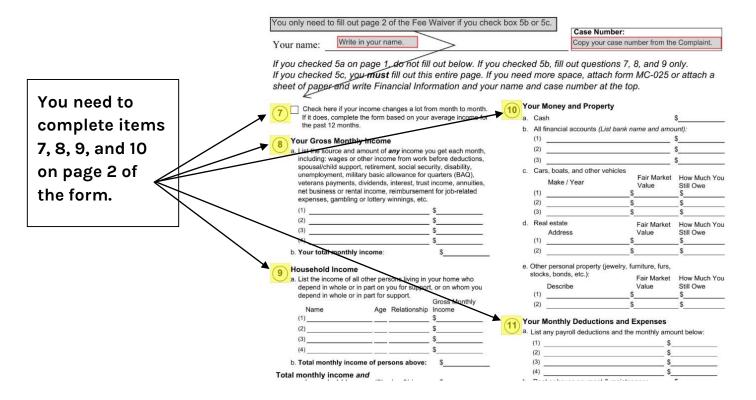
If you do not receive any benefits listed, go to step 5b and please keep reading.

b. Look at the chart for family size and family income. If your gross monthly income (before taxes and deductions) of your family is less than the amount listed for your family size, check box 5b.



If the income of your family is more than the amount listed for your family size, go to step 5c.

c. If you do not receive any of the benefits listed in 5a., and the gross monthly income of your family is more than the amounts listed in 5b. for your family size, you will need to prove to the court that there is not enough income to pay for your household's basic needs and the court fees. Check box 5c. and check the box to tell the court you want to waive all court fees, some of the court fees, or make payments over time.



Make sure you sign the bottom of page 1. Date the form, print your name where indicated on the left side, and sign your name on the right side.

INSTRUCTIONS: ORDER ON COURT FEE WAIVER (FW-003)

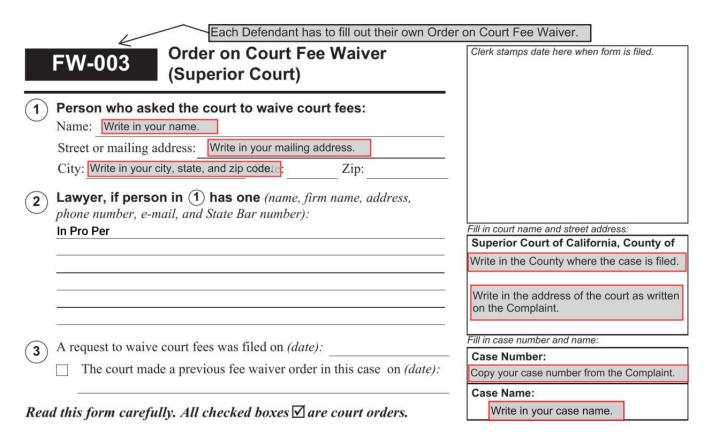
Fill out the numbered parts of the blank Order on Court Fee Waiver form clipped to this packet by:

- Following the instructions below and
- Using the pictures of the forms with notes on them as a guide.

PAGE 1

Use the guide on the attached page to complete the Order on Court Fee Waiver. Each defendant must fill out and file their own Fee Waiver and Order on Fee Waiver.

Fill out only Items 1, 2, and 3. You do <u>not</u> fill out Section 4.



PAGES 2 AND 39

- Write your name where indicated at the top of the page.
- Write the case number where indicated at the top of the page.
- DO NOT FILL OUT ANY OTHER INFORMATION ON THE FW-003.

File the original and one copy of both the Fee Waiver and Order on Fee Waiver with your Answer and Proof of Service. Do not serve the Fee Waiver or Order on Fee Waiver to your landlord or landlord's attorney.

FW-001

Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

•		e getting public be					,						
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													
				es. If the cou	rt waives the fe	ees, you							
		have to pay later cannot give the c		ur aligibility									
		r financial situation				i	Fill in court name a						
		settle your civil c		_		t waives	Superior Court	of California, County of					
		r fees will have a											
		ved fees and costs											
1		ur Information	·	· ·	•								
$\mathbf{}$													
	Str	me:eet or mailing add	recc.										
	Cit	eet or mailing add y:	1033.	State	e Zin		Fill in case number and name:						
	Pho	one:			z.p		Case Number:						
(2)		•											
(2)	No	ur Job, if you ha	ve one <i>gob title</i>):			Case Name:						
	Na	me of employer:					-						
		ployer's address:											
(3)		Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):											
	<u>In p</u>	oro per	ro per										
		mi i i	4 . 4	11 .									
		The lawyer has agreed to advance all or a portion of your fees or costs <i>(check one)</i> : Yes \(\subseteq \) No \(\subseteq \)											
			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										
							income, you mo	ay have to go to a					
		hearing to explain		_		•							
(4)		'hat court's fees or costs are you asking to be waived? ✓ Superior Court (See <i>Information Sheet on Waiver of Superior Court Fees and Costs</i> (form FW-001-INFO).)											
		_	court Fees (form			_	Jourt (See Injort	mation Sheet on Waiver					
(F)	۱۸/۱	<i>oj Αρρειιαίε</i> C ny are you askii	*		· · ·								
3			_	_			a). D Food C	tomas Cuna Coo Ino					
	a.	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											
	1												
	b.						less than the an	nount listed below. (If					
		Family Size	you must fill ou	Family Size	Family Income	Family Size	Family Income	10 1 0 1					
		1	\$1,341.67	3	\$2,287.50	5	\$3,233.34	If more than 6 people at home, add \$472.92					
		2	\$1,814.59	4	\$2,760.42	6	\$3,706.25	for each extra person.					
	c. [I do not have	enough income	to pay for my	y household's k	vacio needs /	and the court fee	es. Lask the court to:					
	c. I do not have enough income to pay for my household's basic needs <i>and</i> the court fees. I ask the court to <i>(check one and you must fill out page 2):</i>												
			court fees and c		□ waive o	some of the	court fees						
			ke payments ov		waive	Joine of the	00011 1000						
6		Check here if you			our court fees fo	or this case i	in the last six m	onths.					

(6) [

(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:

Sign here



Print your name here

Your name: In Pro Per							
If you checked 5a on page 1, do not fill If you checked 5c, you must fill out this sheet of paper and write Financial Infol	s entire page. If	you need	mo	ore spac	ce, attach forr	т МС-025 d	
7 Check here if your income changes a lot from If it does, complete the form based on your			ur I		d Property		\$
the past 12 months.		b.			counts (List bank		unt):
8 Your Gross Monthly Income							\$
a. List the source and amount of <i>any</i> income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability,			(3)		nd other vehicles		\$ \$
unemployment, military basic allowance for of veterans payments, dividends, interest, trust net business or rental income, reimbursements, and the surface of the surface o	income, annuities,	0.		Make / Y	ear	Fair Market Value \$	How Much You Still Owe \$
expenses, gambling or lottery winnings, etc.	¢					\$	\$
(1)	Φ					_\$	\$
(3)		d.	Rea	al estate Address		Fair Market Value	How Much You Still Owe
(4)			(1)			\$	\$
b. Your total monthly income:	\$		(2)			\$	\$
		A (Othe	r nersonal	property (jewelry,	furniture furs	
Household Income a. List the income of all other persons living in y depend in whole or in part on you for support			stock	ks, bonds, Describe	etc.):	Fair Market Value	How Much You Still Owe
depend in whole or in part for support.	Gross Monthly		(1) (2)			\$\$ _\$	\$ \$
Name Age Relationship			(2)			Ψ	Ψ
(1)		(11) Yo	ur N	Monthly [Deductions and	l Expenses	
(2)		a. I	_ist a	any payroll	deductions and th	ne monthly amo	unt below:
(3)	Φ						
						\$_	
b. Total monthly income of persons above:	\$		(3)			\$_ _	
Total monthly income and household income (8b plus 9b):	\$				payment & mainte		\$
nousenola income (ob plus 9b).	Ψ				sehold supplies	511611100	\$
		d.	Utili	ties and te	ephone		\$
		e.	Clot	thing			\$
				ndry and c			\$
		_			ental expenses		\$
				ırance (life ool, child c	, health, accident,	etc.)	\$ \$
					support (another	marriage)	Φ \$
					, gas, auto repair		·
			Inst		yments (list each t		,
			(1)				\$
			(2)				\$
To list any other facts you want the court to ki	now such as		(3)				\$
unusual medical expenses, etc., attach form M		m.	Wag	ges/earning	gs withheld by cou	ırt order	\$
attach a sheet of paper and write Financial Inflyour name and case number at the top.		n.	Р	aid to:	thly expenses (lis		How Much?
Check here if you attach a	nother page. 🔲		(1)	<u> </u>			\$
Important! If your financial situation or abi	lity to pay		(2)				\$ \$
court fees improves you must notify the court			(3)				Φ

Case Number:

Total monthly expenses (add 11a –11n above): \$_

days on form FW-010.

	FW-003	Order on C (Superior C		Waiver		Clerk stamps date here when form is filed.	
1	Person who ask		waive cour	t fees:			
	Street or mailing a City:	-	State:	Zip:			
			-	_ • -			
2)	Lawyer, if perso phone number, e-m	$\overline{}$		name, aaare	SS,		
	In pro per					Fill in court name and street address: Superior Court of California, County of	f
						Fill in case number and name:	
3	A request to waive	court fees was file	ed on (date):			Case Number:	_
	☐ The court mad	le a previous fee w	aiver order in	n this case or	(date):		
Dag	d this form carefu	Ily All ahaakad i	hoves V and	a a a unt a udar		Case Name:	
to p		ettle your civil case	e for \$10,000	or more, the	trial court v	e, the trial court may order the other sid will have a lien on the settlement in the n is paid.	3
4	After reviewing yo the court makes the		uest to Waive rs:	e Court Fees	☐ Re	equest to Waive Additional Court Fees	
	a. The court g	rants your request	i, as follows:				
	Rules of Filing pap Making co Sheriff's f Reporter's and you re Assessmen	f Court, rules 3.55 ers in superior couppies and certifying ee to give notice s fee for attendance equest that the cour	and 8.818.) g copies e at hearing of the provide an gations under	You do not he or trial, if the official report	• Court f • Giving • Sending court is not ter le section 1	urt fees and costs listed below. (Cal. the court fees for the following: tee for phone hearing notice and certificates g papers to another court department electronically recording the proceeding 513, 1826, or 1851 on appeal	,
	• Holding in		for a reporter	's transcript o	n appeal un	der rule 8.130 or 8.834	
	and cos					ives your additional superior court fees 56.) You do not have to pay for the	
		ary fees and expensions for court-appoint (specify):				or a peace officer to testify in court appointed interpreter fees for a witness	

Your name:		
b. The	e court denies your fee waiver request because:	
	farning! If you miss the deadline below, the court cannot process your reques ou filed with your original request. If the papers were a notice of appeal, the ap	
(1)	Your request is incomplete. You have 10 days after the clerk gives a service on next page) to: • Pay your fees and costs, or • File a new revised request that includes the incomplete items list	,
(2)	The information you provided on the request shows that you are not requested for the reasons stated: Below On Attachment 4	
	The court has enclosed a blank <i>Request for Hearing About Court Fe</i> (form FW-006). You have 10 days after the clerk gives notice of this • Pay your fees and costs in full or the amount listed in c below, • Ask for a hearing in order to show the court more information. <i>hearing.</i>)	s order (see date of service below) to: or
c. (1)	The court needs more information to decide whether to grant your redate on page 3. The hearing will be about the questions regarding your Below On Attachment 4c(1)	
(2)	Bring the items of proof to support your request, if reasonably available Below On Attachment 4c(2)	lable, that are listed:

Case Number:

This is a Court Order.

Your name:			Case Numbe	r:
			Name and address of court	if different from above:
Hearing	g → Date:	Time:		
Date	Dept.:	Room:		
			court on your hearing date, the ju o pay your fees. If you miss that	
	s the court papers ye		he papers were a notice of appea	
Date: _				
		Signature of (che	ck one): Judicial Officer	Clerk, Deputy
		Request for Acc	commodations	
	are available if you	ask at least five days before	real-time captioning, or sign lange the hearing. Contact the clerk's and Response (form MC-410). (Contact the clerk's lange of the contact the clerk's lange of	office for Request for
		Clerk's Cer	tificate of Service	
certify that I	am not involved in t	this case and (check one):		
☐ I handed a	copy of this Order t	o the party and attorney, if an	ny, listed in 1 and 2, at the co	urt, on the date below.
☐ This order from (city). ☐ A cert	was mailed first class: tificate of mailing is	ss, postage paid, to the party Californ attached.	and attorney, if any, at the addresia, on the date below.	sses listed in 1 and 2,
Date:				
			erk, by	, Deputy

This is a Court Order.