

# **FEE WAIVER**



**LEGAL AID  
FOUNDATION  
OF LOS ANGELES**

## **How-To Guide**

### **Self-Help Legal Access Centers**

#### **Santa Monica**

1725 Main St.,  
Room 210  
Santa Monica, CA 90401

#### **Inglewood**

1 East Regent St.,  
Room 107  
Inglewood, CA 90301

#### **Torrance**

825 Maple Ave.,  
Room 160  
Torrance, CA 90503

#### **Long Beach**

275 Magnolia Ave.,  
Room 3101  
Long Beach, CA 90802

March 2022

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

Please type or print in black ink.

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.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of  
Los Angeles

Print Court's Address

Fill in case number and name:

Case Number:

Case Name:

Print Pet.'s Last Name vs. Resp.'s  
Last Name

**1 Your Information** (person asking the court to waive the fees):

Name: **Print Your Full Name**

Street or mailing address: **Print your Full Address in Spaces**

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

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

**2 Your Job**, if you have one (job title): **Print your current or last job**

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):
- ☐ SSP ☐ Medi-Cal ☐ County Relief/Care

b. ☐ My gross monthly household income (below what is listed on the chart in 5b, you must fill out 7, 8, and 9)

Family Size	Family Income	Family Size
1	\$1,415.63	3
2	\$1,907.30	4

c. ☐ I do not have enough income to pay for my court fees (check one and you **must** fill out page 2)

- ☐ waive all court fees and costs
- ☐ let me make payments over time

**6** ☐ Check here if you asked the court to waive your court fees (If your previous request is reasonably available)

In question 5 check either a, b, or c.

**CHECK ONLY ONE OF THESE!**

Check a if you receive government benefits and check the type of benefit you receive. (Do not check if you receive Social Security retirement, SSDI, Medicare, foster care benefits, or IHSS if you are the caregiver)

Check b if your household income falls below what is listed on the chart. NOTE: this is gross income before taxes

Check c if your household income is above what is listed on the chart in b. Then mark if you want the court to waive all fees, some, or make payments.

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 Today's Date**

**Print Your Full Name**

Print your name here

**Print Your Signature**

Sign here



Your name: **Print Your Full Name**

Case Number:

Check this box if your income changes from month to month

If you checked "a" on the front page that you receive government benefits do NOT answer questions 7, 8, 9, 10 and 11 on this page.

If you checked "b" fill ONLY 7, 8, and 9. Leave the right side of the form blank.

If you checked "c" you MUST fill out the entire form.

- 7 ☐ Check here if your income changes 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) **Print the source of any income and the amount here. Total the values in 8 (b)**
- (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):** \$ \_\_\_\_\_

List people who live with you that provide you with financial support or who you support financially. Include your children even if they do not have any income. Only list housemates who help you financially.

Include their income and write total household income

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.

- a. Cash \$ \_\_\_\_\_
- b. All other income (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 (1) \_\_\_\_\_ (2) \_\_\_\_\_
- e. Other personal property (stocks, bonds, etc.):
- | Describe  | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____          | \$ _____               |
| (2) _____ | \$ _____          | \$ _____               |

List your source of income and any value in paragraph 10.

Fair Market Value is how much the item is worth now, not what you paid for it

**Monthly Deductions and Expenses**

- a. List any payroll deductions and the monthly amount below:
- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_
- (4) \_\_\_\_\_ \$ \_\_\_\_\_
- b. Rent or housing \$ \_\_\_\_\_
- c. Food and groceries \$ \_\_\_\_\_
- d. Utilities and phone \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- n. Any other monthly expenses (list each below):
- Paid to:
- (1) \_\_\_\_\_ \$ \_\_\_\_\_
- (2) \_\_\_\_\_ \$ \_\_\_\_\_
- (3) \_\_\_\_\_ \$ \_\_\_\_\_

List your expenses for the household and the amount(s) in paragraph 11.

Total expenses and place amount here

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

# FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: PRINT YOUR NAME

Street or mailing address: PRINT YOUR ADDRESS

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

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

PRINT "SELF-REPRESENTED"

Fill in court name and street address:

**Superior Court of California, County of**

**PRINT COURT'S ADDRESS**

**3 A request to waive court fees was filed on (date):** PRINT DATE

☐ The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in case number and name:

**Case Number:**  
**PRINT CASE #, IF YOU HAVE ONE**

**Case Name:**  
**PRINT PET.'S LAST NAME V. DEF.'S LAST NAME**

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

**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: ☒ 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 and 8.818.*) 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 fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
  - 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 8.130 or 8.834
  - Making a transcript or copy of an official electronic recording under rule 8.835
  - Court fee for phone hearing
  - Giving notice and certificates
  - Sending papers to another court department
- (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 court-appointed experts
  - ☐ Other (specify): \_\_\_\_\_
  - ☐ Fees for a peace officer to testify in court
  - ☐ Court-appointed interpreter fees for a witness

Your name: PRINT YOUR FULL NAME

Case Number:  
PRINT YOUR CASE #, IF YOU HAVE ONE

- b. ☐ The court **denies** your fee waiver request because:

**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) ☐ Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:

☐ Below ☐ On Attachment 4b(1)

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- (2) ☐ The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: ☐ Below ☐ On Attachment 4b(2)

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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 of service below) to:

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

- c. (1) ☐ The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

☐ Below ☐ On Attachment 4c(1)

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- (2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:

☐ Below ☐ On Attachment 4c(2)

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**This is a Court Order.**

Your name: **PRINT YOUR FULL NAME**

**Case Number:**  
**PRINT CASE #, IF YOU HAVE ONE**

Name and address of court if different from above:



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

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c(1) 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 five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- ☐ 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.
- ☐ A certificate of mailing is attached.

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

Clerk, by \_\_\_\_\_, Deputy

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

**This is a Court Order.**