SOLICITUD DE EXENCIÓN DE CUOTAS DE LA CORTE

LEGAL AID FOUNDATION OF LOS ANGELES

GUÍA

Centro de Acceso Legal de Auto-Ayuda

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Marzo 2022

Este guía esta diseñada para ayudarle a llenar los formularios. La intención no es proporcionar asesoramiento legal, ni estrategia de como completar el caso. La información proporcionada en este paquete solo presenta opciones y ejemplos. Esto no es un substituto para el consejo legal profesional de un abogado.

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Por favor imprima o escriba en letra de molde con tinta negra.

Página esta en blanco intencionalmente

FW-001 Request to Waive Court Fees

CONFIDENTIAL

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

"Los Angeles"

Escriba la Dirección de la corte

Fill in case number and name:

Case Number:

Escriba el numero de caso

Case Name:

Escriba el nombre del caso, que es el apellido del demandante v. apellido del demandado. Por ejemplo: "Smith v. Jones"

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

Name: _____

Street or Escriba su nombre, domicilio, y numero de telefono.

City: _____ State: ____ Zip: _____

Phone: _____

2 Your Job, if you have one *(job title):* _____

Pregunta 2: Escriba el nombre y direccion de su empleo. Si usted no esta trabajando escriba "Not working"

Name of employer: _____

Employer's address: _____

3 Your Lawyer, if you have one *(name, ... one num...*

_____

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 C...*

☐ Supreme Court, Court of Appeal, or Appellate Division of Supe...
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 defi...*

☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS

b. ☐ My gross monthly household income (before deductions for tax...
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	Fami...
1	$1,415.63	3	$2,398.96	
2	$1,907.30	4	$2,890.63	

c. ☐ I do not have enough income to pay for my household's basic n...
*(check one and you **must** fill out page 2):*

☐ waive all court fees and costs ☐ waive some c...

☐ let me make payments over time

6 ☐ Check here if you asked the court to waive your court fees for this ...
(*If your previous request is reasonably available, please attach it t...*

En la pregunta 5 marque: a, b, ó c. (Solo marque una casilla)

Marque "a" si recibe beneficios publicos ó del gobierno, y marque el tipo de beneficio que recibe. (No marque si recibe jubilación de Seguro Social, SSDI, Medicare, beneficios de cuidado de crianza, o IHSS si usted es el cuidador).

Marque "b" si el ingreso familiar es menos de lo que se indica en el grafico. NOTA: Este es el ingreso bruto (antes de impuestos).

Marque "c" si su ingreso familiar es más de lo que se indica en el grafico en "b." A continuación, marque si desea que la corte no le cobre, o le permita hacer un pago parcial, o permitirle hacer el pago a plazos.

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: Escriba la fecha

Firme

Print your name here Escriba su nombre

Sign here

Your name: Escriba su nombre

Case Number: Escriba su numero de caso

If you Si marco "a" en la primera pagina indicando que usted recibe beneficios del gobierno, NO llene la porción de abajo (los números 7-11) del formulario. Si marco "b" llene SOLAMENTE 7, 8 Y 9. Deje en blanco el lado derecho del formulario. Si marco "c" complete toda esta página (del 7 al 11) del formulario. *only.*
If you *or attach a sheet*

7 ☐ C
If th
Marque esta casilla si sus ingresos cambian de mes a mes. Complete el resto de este formulario usandao el promedio de los ultimos 12 meses.

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 inc
net mbursement fo
exp nings, etc.

Incluya otras fuentes de ingresos, tales como discapacidad, ingresos por alquiler, beneficios para veteranos, desempleo, etc.

Escriba sus ingresos antes de impuestos y otras deducciones.

(1) _____ $_____
(2) _____ $_____
(3) _____ $_____
(4) _____ $_____

b. **You** Total de ingresos mensual $_____

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)				

Escriba los nombres, edades, y relacion a usted, de las personas que viven con usted que le proporcionan apoyo financiero o que usted apoya económicamente. Si sus hijos no tienen ingreso ponga "0.00"

b. **Total**

Total monthly income *and* household income *(8b plus 9b):* $_____

Sume el total de la pregunta 8, y el total de la pregunta 9. Escriba el total aqui

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 financia *d amount):*
(1) _____ $_____
(2) _____ $_____
(3) _____ $_____

El valor justo del mercado es lo que vale hoy, no el valor cuando lo compró/ adquirió

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) $_____

Escriba los gastos para toda la familia. Aquellos que fueron mencionados en el #9 del lado izquierdo.

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):* $_____

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:
Street or mai: Escriba su nombre y domicilio
City: State: Zip:

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

Escriba "Self Represented"

Fill in court name and street address:
Superior Court of California, County of
"Los Angeles"
Escriba la direccion de la corte

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

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

Fill in case number and name:
Case Number: Escriba el numero de caso
Case Name: Escriba el nombre de el caso

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
- Court fee for phone hearing
- Giving notice and certificates
- Sending papers to another court department
- 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

(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

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)

(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)

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)

(2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:
☐ Below ☐ On Attachment 4c(2)

Your name: _____

Case Number:

Name and address of court if different from above:

_____

_____

_____

_____

Hearing Date → 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.