

LEGAL SERVICES *of* NORTHERN CALIFORNIA

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 2023.

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 [click here](#).
- 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.

6. Number of pages attached: _____

If you filled out and attached any pages to your Answer, like Attachment 3w, 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.

Page 1

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*.

← Each Defendant has to fill out their own Fee Waiver.

FW-001	Request to Waive Court Fees	CONFIDENTIAL
<p>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:</p> <ul style="list-style-type: none">• 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.		<p>Clerk stamps date here when form is filed.</p> <p>If you do not have a job, are disabled, or unemployed, you can write any of those in this box as well.</p>
<p>1 Your Information (person asking the court to waive the fees):</p> <p>Name: <input type="text"/></p> <p>Street or mailing address: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p> <p>Phone: <input type="text"/></p>		<p>Fill in court name and street address:</p> <p>Superior Court of California, County of</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>2 Your Job, if you have one (job title): <input type="text"/></p> <p>Name of employer: <input type="text"/></p> <p>Employer's address: <input type="text"/></p>		<p>Fill in case number and name:</p> <p>Case Number:</p> <p><input type="text"/></p> <p>Case Name:</p> <p><input type="text"/></p>
<p>3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):</p> <p>In Pro Per <input type="checkbox"/></p> <p>a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. (If yes, your lawyer must sign here) Lawyer's signature: <input type="text"/></p>		<p>This is the "plaintiff's name v. the last name of the first named defendant on the Complaint."</p>

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.

☐ Superior Court (See *Information Sheet on Waiver of Superior Court*)
☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court
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 definitions):
☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS
☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment

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
1	\$2,430.00	3	\$4,143.34	5
2	\$3,286.67	4	\$5,000.00	6

c. ☐ I do not have enough income to pay for my household's basic needs *and* (check one and you **must** fill out page 2):
☐ waive all court fees and costs ☐ waive some of the court fees

6 ☐ Check here if you asked the court to waive your court fees for this case in a previous request. (If your previous request is reasonably available, please attach it to this form.)

I declare under penalty of perjury under the laws of the State of California that the information on this form and all attachments is true and correct.
Date: _____

Print your name here _____ Sign here _____

Judicial Council of California, www.courts.ca.gov
Rev. April 1, 2023, Mandatory Form
Government Code, § 68633
Cal. Rules of Court, rules 3.51, 8.26, and 8.810

Request to Waive Court Fees

FW-001, Page 1 of 2 →

Place a check in ALL of the benefits you receive.

If you do not receive any benefits, you may still qualify for a fee waiver. Read sections 5a and 5c then choose what option fits your situation the best. Make sure you fill out the required sections on page 2 if you check 5c.

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.

You need to complete items 7, 8, and 9 on Page 2 of the form.

You only need to fill out page 2 of the Fee Waiver if you check box 5b or 5c.

Your name:

Case Number:

Copy your case number from the Complaint.

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. 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)	\$	
(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)			\$

10 Your Money and Property

a. Cash \$

b. All financial accounts (List bank name and amount):

(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	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)	\$
-----	----

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.

You need to complete items 7, 8, 9, and 10 on page 2 of the form.

You only need to fill out page 2 of the Fee Waiver if you check box 5b or 5c.

Your name:

Case Number:

Copy your case number from the Complaint.

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. 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)	\$
(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

10 Your Money and Property

a. Cash \$

b. All financial accounts (List bank name and amount):

(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	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)	\$

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 not fill out Section 4.

FW-003

**Order on Court Fee Waiver
(Superior Court)**

1 Person who asked the court to waive court fees:
Name: Write in your name.
Street or mailing address: Write in your mailing address.
City: Write in your city, state, and zip code. Zip: _____

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

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.

Each Defendant has to fill out their own Order on Court Fee Waiver.

Clerk stamps date here when form is filed.

Fill in court name and street address:
Superior Court of California, County of
Write in the County where the case is filed.

Write in the address of the court as written on the Complaint.

Fill in case number and name:
Case Number:
Copy your case number from the Complaint.
Case Name:
Write in your case name.

PAGES 2 AND 3

- 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.

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

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: _____

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* (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 definitions):

- ☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS
- ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment

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	If more than 6 people at home, add \$856.67 for each extra person.
1	\$2,430.00	3	\$4,143.34	5	\$5,856.67	
2	\$3,286.67	4	\$5,000.00	6	\$6,713.34	

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 and you **must** fill out page 2):

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

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



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. 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) _____ \$ _____
 (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): \$ _____

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 financial accounts (List bank name and amount):
 (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 | 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) _____ | \$ _____ |
- 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: | How Much? |
|-----------|-----------|
| (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): \$ _____

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 mailing address: _____

City: _____ State: _____ Zip: _____

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

In pro per

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 court name and street address:

Superior Court of California, County of _____

Fill in case number and name:

Case Number: _____

Case 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, rules 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: _____

- 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)

This is a Court Order.

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.