

# 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 March, 2025 .

# 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.
- 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 Fee Waiver Form.

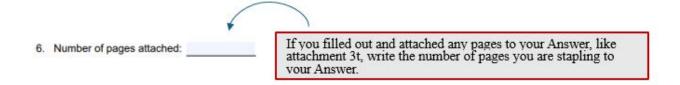
Some of the pictures of the forms tell you what to write in the fillable boxes or what box to check.

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.



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

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

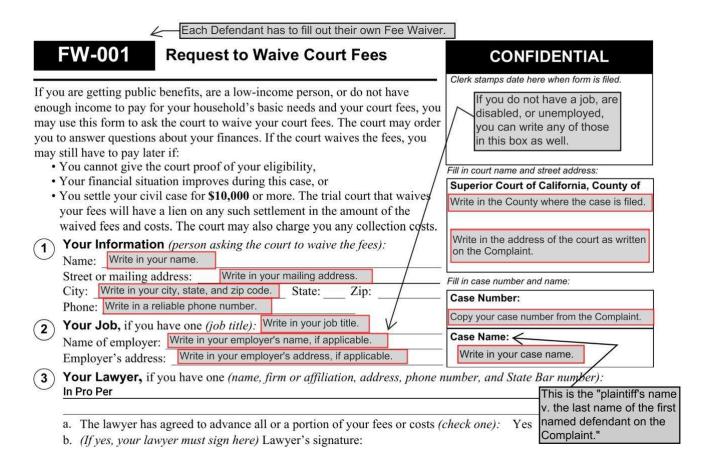
Fill out the numbered parts of the blank Fee Waiver form clipped to this packet by:

- 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.



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

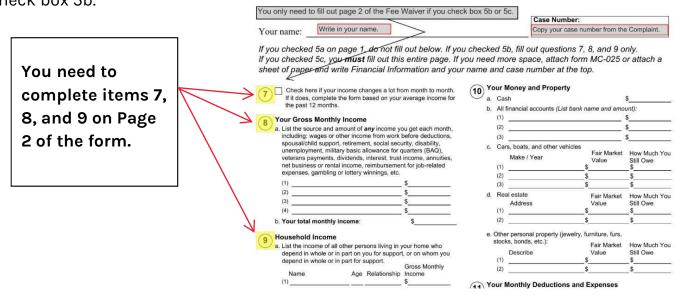
a. If you receive Medi-Cal, Food Stamps, or any other benefit listed under section 5a., check box 5a. **and** place a check in the box of ALL benefits you receive. \*\*Note: Only check "IHSS" if you are receiving the services of an IHSS worker.

| (5) Wh                           | Appellate Court  y are you aski  I receive (che  Food Stamps CalWORKS  My gross mo                    | Fees (form APF<br>ing the court to<br>eck all that apple<br>is Supp. Sec.<br>or Tribal TANF<br>onthly household | o waive yo y, see form F Inc. SSI CAl | 5-INFO) Place ur cour ALI W-001-INTO JO P  Medi-Cal PI  WIC | County Relief/Gen. Assist.  Unemployment  If you do not receive any   |
|----------------------------------|---|---|---------------------------------------|---|---|
|                                  | Family Size   | Family Income   | Family Size                           | Family Income   | benefits, you may still qualify for<br>a fee waiver. Read sections 5b |
|                                  | 1   | \$2,608.33  | 3                                     | \$4,441.67  |   |
|                                  | 2   | \$3,525.00  | 4                                     | \$5,358.33  | and 5c then choose which one fits<br>your situation best. Make sure   |
| <b>6</b>                         | waive all<br>Check here if yo   | nd you must fill<br>court fees and court sked the cou   | osts waive ye                         | raive some of the   | this case in the last six months.                                     |
|                                  |   | of perjury unde   | r the laws of                         | the State of Ca   | nch it to this form and check here):                                  |
|                                  |   |   |                                       | -   |   |
|                                  | Prin  | t your name her   | e                                     | Sig   | n here  |
| Rev. March 1, 2<br>Government Co | of California, www.courts.ca<br>025, Mandatory Form<br>de, § 68633;<br>xurt, rules 3.51, 8.26, and 8. |   | Request to                            | o Waive Cou   | rt Fees FW-001, Page 1 of   |

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

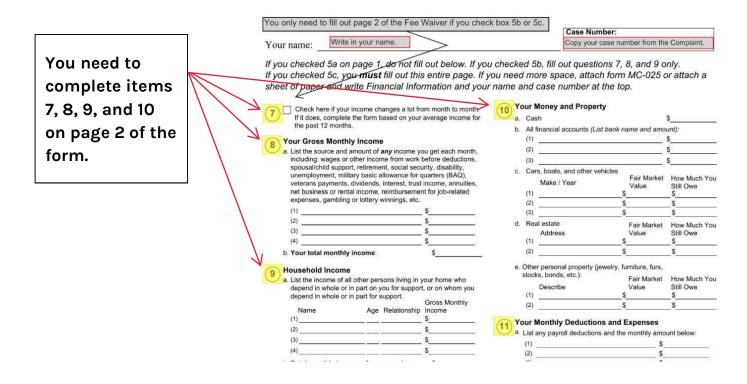
If you do not receive any benefits listed, go to step 5b and please keep reading.

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)**

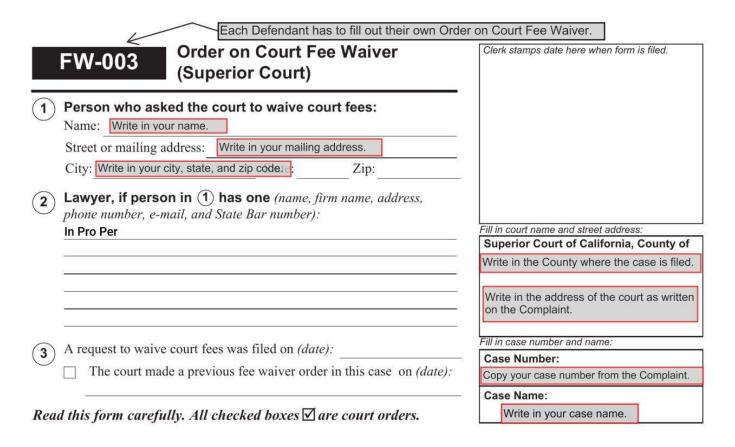
Fill out the numbered parts of the blank Order on Court Fee Waiver form clipped to this packet by:

- 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 not fill out Section 4.



#### 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.

## FW-001

## **Request to Waive Court Fees**

#### CONFIDENTIAL

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:

Clerk stamps date here when form is filed.

• You cannot give the court proof of your eligibility,

Fill in court name and street address:

Superior Court of California, County of

• 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.

| 1  | waived fees and costs. The court may also ch  Your Information (person asking the court |        |      |                               |
|----|---|--------|------|-------------------------------|
| ·) | Name:   |        |      |                               |
|    | Street or mailing address:  |        |      | Fill in case number and name: |
|    | City:   | State: | Zip: |                               |
|    | Phone:  |        |      | Case Number:                  |
| 2  | Your Job, if you have one (job title):  |        |      |                               |
|    | Name of employer:   |        |      | Case Name:                    |
|    | Employer's address:   |        |      |                               |

- **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?

  - 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  |
|-------------|---------------|-------------|---------------|-------------|---------------|------------------------|
| 1           | \$2,608.33    | 3           | \$4,441.67    | 5           | \$6,275.00    | at home, add \$916.67  |
| 2           | \$3,525.00    | 4           | \$5,358.33    | 6           | \$7,191.67    | 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 and you <u>must</u> fill out page 2):
- waive all court fees and costs waive some of the court fees let me make payments over time

  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):  $\Box$ 

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 vour name here



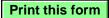
| Your name:   |                                      |  |  |  |  |  |  |
|--|--------------------------------------|--|--|--|--|--|--|
| If you checked 5a on page 1, do not fill If you checked 5c, you <b>must</b> fill out this sheet of paper and write Financial Info  | s entire page. It                    | f you need m   | ore spac   | ce, attach forn  | n MC-025 (   | -  |  |
| Check here if your income changes a lot from month to lif it does, complete the form based on your average in the past 12 months.  Your Gross Monthly Income  a. List the source and amount of any income you get each including: wages or other income from work before ded spousal/child support, retirement, social security, disabil unemployment, military basic allowance for quarters (B/veterans payments, dividends, interest, trust income, are net business or rental income, reimbursement for job-re expenses, gambling or lottery winnings, etc.  (1) \$ (2) \$ (3) \$ (4) \$ (4) \$ (5) Household Income  a. List the income of all other persons living in your home of depend in whole or in part on you for support, or on who depend in whole or in part for support.  Gross Monthly income  (1) \$ (2) \$ (3) \$ (4) \$ (2) \$ (3) \$ (4) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8) \$ (9) \$ (9) Total monthly income of persons above: \$ (9) Total monthly income and household income (8b plus 9b): \$ (9) \$ (1) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8) \$ (8) \$ (9) \$ (9) \$ (1) \$ (1) \$ (2) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8) \$ (9) \$ (9) \$ (1) \$ (1) \$ (2) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8) \$ (9) \$ (9) \$ (1) \$ (1) \$ (2) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8) \$ (8) \$ (8) \$ (9) \$ (9) \$ (1) \$ (1) \$ (2) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8 |                                      | 10 Your I a. Car b. All (1) (2) (3) c. Car (1) (2) (3) d. Rea (1) (2) e. Other stock (1) (2) (3) (4) b. Rer c. Foo | Money and shall sh | property (jewelry, etc.):  Deductions and the payment & maintees eshold supplies | Fair Market Value \$ Fair Market Value \$ furniture, furs, Fair Market Value \$  Expenses e monthly amo  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$\$  How Much You Still Owe \$\$  How Much You Still Owe \$\$  How Much You Still Owe \$\$  aunt below: |  |
| To list any other facts you want the court to k unusual medical expenses, etc., attach form M attach a sheet of paper and write Financial Inf your name and case number at the top.  Check here if you attach a Important! If your financial situation or about fees improves, you must notify the codays on form FW-010.  | IC-025 or formation and mother page. | e. Clo' f. Lau g. Mec h. Insu i. Sch j. Chi k. Trai l. Inst (1) (2) (3) m. Wa n. Any P (1) (2) (3)                 | othing undry and cl dical and de urance (life, nool, child c ild, spousal unsportation tallment pay Paid to:  ges/earning y other mon Paid to:   | leaning<br>ental expenses<br>, health, accident,                                 | narriage) and insurance velow):  rt order each below).   | \$\$<br>\$<br>\$How Much?<br>\$\$<br>\$\$  |  |

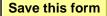
Rev. March 1, 2025

**Request to Waive Court Fees** 

**FW-001**, Page 2 of 2

Clear this form





Case Number:

| FW-003  | (Superior Court)   | aiver  | Clerk stamps date here when form is tiled.   |
|---|--|--|--|
| Person who as   | sked the court to waive court fe   | es:  |  |
| Street or mailing   | address:   |  |  |
| City:   | State: Z   | ip:  |  |
| _ /   | son in (1) has one (name, firm name)mail, and State Bar number):   | ne, address,   |  |
| -   |  |  | Fill in court name and street address:   |
|   |  |  | Superior Court of California, County of  |
|   | C1-1(I)  |  | Fill in case number and name:  |
|   | ve court fees was filed on (date):   |  | Case Number:   |
| The court m   | ade a previous fee waiver order in thi   | s case on (date):  |  |
|   |  |  | Case Name:   |
| Read this form carej  | fully. All checked boxes $oxtimes$ are cou   | irt orders.  |  |
| to pay the fees. If you amount of the waived  | settle your civil case for \$10,000 or refees. The trial court may not dismiss   | more, the trial court<br>the case until the li   | *  |
| After reviewing the court makes   | your:  | urt Fees 📋 T   | Request to Waive Additional Court Fees   |
| a.   The court  | grants your request, as follows:   |  |  |
| Rules  • Filing pa  • Making  • Sheriff's  • Reporter and you  • Assessm  • Preparin  • Holding  • Making | appers in superior court copies and certifying copies as fee to give notice r's fee for attendance at hearing or tri request that the court provide an officient for court investigations under Prog, certifying, copying, and sending the in trust the deposit for a reporter's tra a transcript or copy of an official electrical reports. | • Court • Giving • Sending al, if the court is not cial reporter obate Code section are clerk's transcript anscript on appeal uncertainty are cording uncertainty. | fee for phone hearing g notice and certificates ag papers to another court department t electronically recording the proceeding 1513, 1826, or 1851 on appeal ander rule 8.130 or 8.834 ander rule 8.835 |
| and c<br>check<br>□<br>□  | tional Fee Waiver. The court grants osts that are checked below. (Cal. Ru ted items.) Jury fees and expenses Fees for court-appointed experts Other (specify):   | les of Court, rule 3 $\Box$ Fees $\Box$  | aives your additional superior court fees (1.56.) You do not have to pay for the for a peace officer to testify in court -appointed interpreter fees for a witness                                       |

| Your name: |  |   |
|------------|--|---|
| b. The     | e court <b>denies</b> your fee waiver request because:   |   |
|            | <b>farning!</b> 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 <b>10 days</b> 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:<br>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.

| our name:   |   |   | Case Number:                 |                             |
|---|---|---|------------------------------|-----------------------------|
|   |   | Name and addr                                   | ess of court if different fr | om above:                   |
| Hearing Date:   | Time:   | -   |                              |                             |
| Date Dept.:   | Room:   |   |                              |                             |
|   |   |   |                              |                             |
| Warning! If item c(1) is che request to waive court fees, process the court papers you dismissed. | and you will have 10 days   | to pay your fees. If yo                         | u miss that deadline, the    | court cannot                |
| Date:   |   |   |                              |                             |
|   | Signature of (ch  | eck one):                                       | cial Officer Clerk, I        | eputy                       |
| are available if you  | Request for Ac<br>systems, computer-assisted<br>ask at least five days befor<br>y Persons With Disabilities | e the hearing. Contact                          | the clerk's office for Re    | quest for                   |
|   |   |   |                              |                             |
|   | Clerk's Ce  | rtificate of Servic                             | е                            |                             |
| ertify that I am not involved in the I handed a copy of this Order to                             | o the party and attorney, if a  |   |                              | _                           |
| This order was mailed first class from (city):  A certificate of mailing is                       | ss, postage paid, to the party, Californ attached.  | and attorney, if any,<br>nia, on the date below | at the addresses listed in   | <b>(1)</b> and <b>(2)</b> , |
| Date:   |   |   |                              |                             |
|   | Cl  | erk, by   |                              | _ , Deputy                  |
|   | Na  | ame:  |                              |                             |

This is a Court Order.