

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

I request a court order so that I do not have to pay court fees and costs.

1. a. I am **not** able to pay any of the court fees and costs.
 b. I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. My date of birth is (specify):
4. a. My occupation, employer, and employer's address are (specify):

 b. My spouse's occupation, employer, and employer's address are (specify):

5. I am receiving financial assistance under one or more of the following programs:
 - a. **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. **Food Stamps:** The Food Stamps Program
 - d. **County Relief, General Relief (G.R.) or General Assistance (G.A.)**
6. If you checked box 5 above, you must check and complete **one or the other box, except if you are a defendant in an unlawful detainer action. Do not check both boxes.**
 - a. (Optional) My social security number is (specify): - -
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box b and attach documents to verify the benefits checked in item 4.]
 - b. I am attaching documents to verify receipt of the benefits checked in item 5, above.
[See the Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 5 above, skip items 7 and 8, and sign at the bottom of this side.]

7. My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[If you checked box 7 above, skip item 8, complete items 9, 10a, 10d, 10f, and 10g on the back of this form, and sign at the bottom of this side.]

8. My income is not enough to pay for the common necessities of life for me and the people in my family I support and also pay court fees and costs. **[If you checked this box you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are complete, true, and correct.

Date:

.....
 (TYPE OR PRINT NAME) (Financial information on reverse) (SIGNATURE)

FINANCIAL INFORMATION

9. My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 10 should be your average for the past 12 months.]**

10. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. **My payroll deductions are (specify purpose and amount):**

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is (a. minus b.): \$ _____

d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 10d.)

e. **MY TOTAL MONTHLY INCOME IS**
 (c. plus d.): \$ _____

f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, 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) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 10f.)

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
 (a. plus d. plus f.): \$ _____

11. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings and credit union accounts (list banks):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

11. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

12. My monthly expenses not already listed in item 10b above are the following:

a. Rent or house payment & maintenance \$ _____

b. Food and household supplies \$ _____

c. Utilities and telephone \$ _____

d. Clothing \$ _____

e. Laundry and cleaning \$ _____

f. Medical and dental payments \$ _____

g. Insurance (life, health, accident, etc.) \$ _____

h. School, child care \$ _____

i. Child, spousal support (prior marriage) \$ _____

j. Transportation and auto expenses (insurance, gas, repair) \$ _____

k. Installment payments (specify **purpose and amount**):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

The TOTAL amount of monthly installment payments is: \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

m. Other expenses (specify):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

(5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. **MY TOTAL MONTHLY EXPENSES ARE**
 (add a. through m.): \$ _____

13. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 13):

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