## FW-001 You are getting purply use this form to answer questing still have to pay You cannot give Your financial states.

## **Request to Waive Court Fees**

- File along with FW-003 CONFIDENTIAL Clerk stamps date here when form is filed. Fill in court name and street address: Superior Court of California, County of

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.

1)	Your Information (person asking the court to waive the fees):									
	Name: Joey Jones									
	Street or mailing address: 855 Bird Lane						Il in case number a	nd name:		
		os Angeles			e: CA Zip: 90	1012 <del>–</del>		но папте.		
	Phone				<u> </u>		ase Number:			
2)			ve one (job titl	e): Unemploy	ved		9STSC56789			
$\mathcal{L}$		Name of employer:								
		yer's address:					S			
3)	-	•	u have one (na	me, firm or a	ffiliation. addre	ess, phone nur	nber. and State	Bar number):		
ン	Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):									
		4.2								
	a. The	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									
	hea	ring to explair	ı why you are a	isking the cou	rt to waive the	fees.				
4	What	What court's fees or costs are you asking to be waived?								
·ノ	X	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								
					W-015-INFO).					
5)	Why a	are you askir	ng the court	to waive you	ur court fees	?				
ン	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							amps [7] Supp. Sec. Ir		
	☐ SSP ☑ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS ☐ CalWORKS or Tribal TANF ☐ CAPI									
	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	\$1,301.05	3	\$2,221.88	5	\$3,142.71	at home, add \$460.42		
		2	\$1,761.46	4	\$2,682.30	6	\$3,603.13	for each extra person.		
	c. 🗌	I do not have	enough income	to pay for my	y household's t	oasic needs an	d the court fee	s. I ask the court to:		
	(check one and you <u>must</u> fill out page 2):									
		<ul> <li>□ waive all court fees and costs</li> <li>□ waive some of the court fees</li> </ul>								
		let me ma	ke payments or	ver time						

on this form and all attachments is true and correct.

Date: 04/10/2019

Joey Jones

Request to Waive Court Fees

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

FW-001, Page 1 of 2

Print your name here

FW-001	Request to	o Waive C	ourt Fees		CONF	IDENTIAL		
If you are getting public be enough income to pay for may use this form to ask th you to answer questions at may still have to pay later	your household ne court to waiv oout your finan	l's basic need. ve your court	s and your cour fees. The court	nave t fees, you may order	Clerk stamps date h	ere when form is filed.		
<ul> <li>You cannot give the c</li> </ul>	ourt proof of y			Ĺ Fi	Il in court name and	d street address:		
<ul> <li>Your financial situatie</li> <li>You settle your civil of your fees will have a</li> </ul>	case for \$10,00	<b>0</b> or more. Th	e trial court tha	it waives	Superior Court o	f California, County of		
waived fees and costs	s. The court ma	y also charge	you any collect	tion costs.				
Your Information Name: Joey Jones	(person asking	the court to v	vaive the fees):			S		
Street or mailing add	lress: 456 Lova B		<del> </del>		Fill in case number and name:			
City: Los Angeles		Stat	e: <u>CA</u> Zip: <u>90</u>	0024	Case Number:			
Phone:			<del></del>	1	19STSC23456			
(2) Your Job, if you ha	ve one (job titl	e): Retail Clerk		ļ				
Name of employer:	George's Suit Shop			_	ase Name:			
Employer's address:	16489 Rowley St,	Los Angeles, 900	27		Jones vs Waters			
3 Your Lawyer, if yo	ou have one (na	me, firm or a	ffiliation, addre	ess, phone nu	nber, and State	Bar number):		
				.0				
a. The lawyer has ag	greed to advance	e all or a port	ion of your fee	s or costs (ch	eck one): Yes	П № П		
b. (If yes, your lawy				•	,			
If your lawyer is a hearing to explain	not providing l	egal-aid type	services based	-	ncome, you may	v have to go to a		
		_						
<ul><li>Superior Cou</li><li>Supreme Cou</li></ul>	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	•		· · · · · · · · · · · · · · · · · · ·					
a. I receive (che	ck all that app	y, see form F	W-001-INFO f	or definitions)		amps  Supp. Sec. Inc.  Tribal TANF  CAPI		
• •		•	ore deductions on page 2 of th	•	ess than the ame	ount listed below. (If		
Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people		
1	\$1,301.05	3	\$2,221.88	5	\$3,142.71	at home, add \$460.42		
2	\$1,761.46	4	\$2,682.30	6	\$3,603.13	for each extra person.		
	_		y household's b	oasic needs ar	d the court fees	s. I ask the court to:		
uaive all	d you <b>must</b> fill court fees and ke payments o	costs	☐ waive	some of the c	ourt fees			
6 Check here if you (If your previous	u asked the cor	irt to waive yo	our court fees fo	or this case in sch it to this f	the last six mo	nths. here:) □		
I declare under penalty of	-	-	-	•				
on this form and all attac				,		•		
Date: 4/13/2019			k.	Tr	<b>b</b>			
Joey Jones			<b>_</b>	7- 701	W			
Print your name here			_	Sign here				

Judicial Council of California, www.courts.ca.gov Revised March 15, 2019, Mandatory Form Government Code, § 68633 Cal. Rules of Court, rules 3.51, 8.26, and 8.818



Sign here

Your name:			Case Number		
If you checked 5a on page 1, do not t	fill out below. If vo	ou checked 5b. fi	— Landing ill out questions	7. 8. and 9 o	mlv.
If you checked 5c, you must fill out th					
sheet of paper and write Financial Inf	ormation and vou	r name and cas	e number at the	ton	
The second series and the second series	oidioir dila you	amo ana oas	o nambor at the	ιορ.	
Check here if your income changes a lot	from month to month	10 Your Mone	ey and Property		
If it does, complete the form based on you		a. Cash			\$
the past 12 months.	•		cial accounts (List ban	k name and amo	unt):
Your Gross Monthly Income		(4)	aar abouarte (2101 bar)		\$
a. List the source and amount of <i>any</i> income	vou get each month	, ,			\$
including: wages or other income from work	(3)			\$	
spousal/child support, retirement, social se		ats, and other vehicles	·····	7	
unemployment, military basic allowance for veterans payments, dividends, interest, tru-			ke / Year	Fair Market	How Much You
net business or rental income, reimbursem		***		Value	Still Owe
expenses, gambling or lottery winnings, etc	•	(2)		\$	\$ \$
(1) Wages	<u>\$1,700</u>	(3)	_	S	\$
(2)	\$	d. Real est	ate	Fair Market	How Minch Vi
(3)			lress	Fair Market Value	How Much You Still Owe
(4)	\$	(1)		\$	_\$
b. Your total monthly income:	\$ <u>1,700</u>	(2)	<i>C</i> .	\$	\$
_		- Other -	2012		
9 Household Income			sonal property (jewelr) onds, etc.):		
<ul> <li>a. List the income of all other persons living ir</li> </ul>	your home who		cribe	Fair Market Value	How Much You Still Owe
depend in whole or in part on you for support depend in whole or in part for support.	ar, or on whom you	(1) Des	MIDE	value \$	Still Owe \$
	Gross Monthly	(2)		 \$	
Name Age Relationshi (1) <u>Steven Jones</u> <u>5 Son</u>		8 ~ ~ ~ —			•
(1) <u>steven Johes</u> 5 501			hly Deductions an	-	
(3)			ayroll deductions and		
(4)					
		(2)			
b. Total monthly income of persons above	: \$				
Total monthly income and	\$1,700			<b>e</b>	
household income (8b plus 9b):	91,700		ouse payment & main I household supplies	ico ide ide	* \$
	OF.		nd telephone		* \$
	Y	e. Clothing			\$
		f. Laundry	and cleaning	:	\$
$\mathcal{O}_{\mathbf{X}}$		g. Medical a	and dental expenses	:	\$
, 0			e (life, health, accident	t, etc.)	\$
<b>7</b> .		i. School, c			\$
OEPT. OF			ousal support (another		\$
$\mathcal{O}_{\mathbf{v}}$			tation, gas, auto repai		\$
•		i. Installme Paid to	nt payments <i>(list each</i> n:	ueiow):	
					<b>\$</b>
					\$
		(3)		····,···.	\$
To list any other facts you want the court to		-	ornings withhold by	ust order	e
unusual medical expenses, etc., attach form l	1		arnings withheld by co		<b>P</b>
attach a sheet of paper and write Financial Ir	nformation and	n. Any othe Paid to	r monthly expenses (li	si each below).	How Mar-50
your name and case number at the top.			): 		How Much?
Check here if you attach	another page.				Ψ ©
Important! If your financial situation or al	bility to pay			•	Φ e
court fees improves, you must notify the c		(3)			Φ
days on form FW-010.		Total monthly e	xpenses (add 11a	–11n above):	\$

## - File along with FW-003 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. Fill in court name and street address: · Your financial situation improves during this case, or Superior Court of California, County of • 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. **Your Information** (person asking the court to waive the fees): Name: Joey Jones Street or mailing address: 456 Lova Blvd Fill in case number and name: City: Los Angeles State: CA Zip: 90024 Case Number: Phone: 19STSC23456 Your Job, if you have one (job title): Retail Clerk Case Name: Name of employer: George's Suit Shop Jones vs Waters Employer's address: 16489 Rowley St, Los Angeles, 90027 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. 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).) Why are you asking the court to waive your court fees? a. Treceive (check all that apply; see form FW-001-INFO for definitions): Food Stamps Supp. Sec. Inc. SSP Medi-Cal County Relief/Gen. Assist. HSS CalWORKS or Tribal TANF CAPI 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 Income Family Income Family Size Family Size **Family Size** Family Income If more than 6 people

\$1,301.05 \$2,221.88 \$3,142.71 at home, add \$460.42 for each extra person. 2 \$1,761.46 \$2,682.30 \$3,603.13 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

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: 4/13/2019

Print your name here

Joey Jones

Voyanamai			Case N	umber:	napopora seguina.
Your name:					
If you checked 5a on page 1, do not	•				•
If you checked 5c, you must fill out					or attach a
sheet of paper and write Financial II	nformation and you	r name ar	nd case number	at the top.	
Check here if your income changes a le		(10) You	ur Money and Prop	erty	
If it does, complete the form based on y	your average income for	○ a.	Cash		\$ <u>40</u>
the past 12 months.		b.	All financial accounts	List bank name and am	ount):
Your Gross Monthly Income			(1) Wells Fargo Bank		\$50
10)					
a. List the source and amount of <b>any</b> incomincluding: wages or other income from w				<u>,</u>	Φ
spousal/child support, retirement, social	· · · · · · · · · · · · · · · · · · ·		(3)		3
unemployment, military basic allowance		C.	Cars, boats, and other		How Much You
veterans payments, dividends, interest, t			Make / Year	Value	Still Owe
net business or rental income, reimburse	•		(1) Toyota	\$2,200	\$1,200
expenses, gambling or lottery winnings,	etc.		(2)	\$	\$
(1) Wages	\$ <u>1,700</u>		(3)	\$	\$
(2)	\$	d	Real estate	Fair Market	How Much You
(3)		u.	Address	Value	Still Owe
(4)	\$		(1) None	\$	\$
	\$		(2)	\$	\$
b. Your total monthly income:	<u> </u>		(2)	ΨΨ	
Household Income		e. C	ther personal property	(jewelry, furniture, furs,	
a. List the income of all other persons living	in your bome who	s	tocks, bonds, etc.):	Fair Market	How Much You
depend in whole or in part on you for sup			Describe	Value	Still Owe
depend in whole or in part for support.	•	4.	(1)	\$	\$
	Gross Monthly		(2)	\$	\$
Name Age Relations	•	$\mathbf{X}_{\mathbf{A}}$		*	
(1) Steven Jones <u>5 Son</u>		(11) You	ır Monthly Deducti	ons and Expenses	
(2)		а. L	ist any payroll deduction	ons and the monthly amo	ount below:
(3)			1) Federal Income Tax	\$	300
(4)	\$ <b>&lt;</b> -		2) State Income Tax		100
b. Total monthly income of persons above	ve: \$1,700		3) Social Security		75
			4)		
Total monthly income and household income (8b plus 9b):	s ~	-	Rent or house paymen	· · · · · · · · · · · · · · · · · · ·	\$1,000
nodschold moome (ob plus ob).	Ψ		ood and household s		\$300
			Utilities and telephone	appoo	\$65
	<b>6</b> 0		Clothing		\$50
			aundry and cleaning		\$ <u>50</u>
OEPT. OF			Medical and dental exp	enses	\$200
O'		_	nsurance (life, health,		\$50
<b>⋌</b> ・			School, child care	accident, cto.,	\$100
.0 `			Child, spousal support	(another marriage)	\$
		•		to repair and insurance	\$250
O			nstallment payments (	*	\$200
· ·		,	Paid to:	nat cuch bolow).	
			(1)		\$
					¢
					Ψ
To list any other facts you want the court to	o know, such as		(3)		<b>a</b>
unusual medical expenses, etc., attach form		m. \	Nages/earnings withh	eld by court order	\$
attach a sheet of paper and write Financial		n. /	Any other monthly exp	enses (list each below).	
	amormation and		Paid to:		How Much?
your name and case number at the top.	, ,				\$
Check here if you attac	n another page. 🔲				e
Important! If your financial situation or	ability to nev				Φ
court fees improves, you must notify the			(3)		<b>&gt;</b>
	Court within live	Total mo	nthly expenses (a	dd 11a –11n above):	\$2.540
days on form FW-010.			The state of the s		Y_10-70