

SÓLO PARA MUESTRA

No llene este formulario

Escriba la dirección de la corte aquí.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your court fees, you may still have to pay later if:

¡LEA cuidadosamente!

- 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.

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

Name:
Street or mailing address:
City: State: Zip:
Phone number:

Fill in case number and name:

Case Number:

Escriba el número de su caso aquí

Case Name:

Escriba el nombre del caso aquí

2 Your Job, if you are employed:

Llene los puntos 1, 2 y 4.
Llene el 3 si tiene un abogado.

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
Supreme Court, Court of Appeal, or Court of Appellate Court Fees

Para la pregunta 5, marque 'a', 'b', O 'c':
Si marca el punto 5a, marque cualquier casilla que se aplique a su situación.
Si marca el punto 5b, llene los puntos 7,8 y 9 en el otro lado.
Si marca el punto 5c, llene todo en el otro lado de este formulario.

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

- I receive (check all that apply)
a. I receive (check all that apply)
b. My gross monthly household income is less than the amount shown in the table below. If you check 5b, you must fill in the table below.

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Includes a note: 'If more than 6 people at home, add \$422.92 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): waive all court fees waive some of the court fees let me make payments over time (Explain):

6 Check here if you have requested a fee waiver in the last 6 months. (If your previous request was denied, you must check this box.)

Marque el no. 6 si ha pedido una exención de cuotas en los últimos 6 meses. Adjunte esa petición si la tiene, y marque la segunda casilla.

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 de hoy
Escriba su nombre completo en letra de molde.

Firme aquí

Print your name here

Sign here

Escriba su nombre aquí

Case Number:

Escriba el número de su caso aquí.

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. Fill out below based on your average income for the past 12 months.

10 Your Money and Property

- a. Cash \$
b. All financial accounts (List bank name and amount):
(1) \$
(2) \$
(3) \$
(4) \$

8 Your Monthly Income

a. Gross monthly income (before deductions): \$
List each payroll deduction and amount below:

- (1) \$
(2) \$
(3)
(4)

Si marcó el punto 5b, llene los puntos 7,8 y 9. No tiene que llenar los puntos 10 y 11.

Si marcó el punto 5c, llene todo en este lado del formulario.

Quando responda a los puntos en esta página, asegúrese de llenarlo todo, y de que la información sea verdadera y esté completa.

- b. Total deduct
c. Total month
d. List the sour
month, inclu
security, dis
quarters (BA
income, ann
reimburse
winnings, et

- (1)
(2)
(3) \$
(4) \$

e. Your total monthly income is (8c plus 8d): \$

Table with columns: Describe, Fair Market Value, How Much You Still Owe. Rows for other personal property (jewelry, furniture, cars, stocks, bonds, etc.).

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows for household members.

b. Total monthly income of persons above: \$

Total monthly income and household income (8e plus 9b): \$

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

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

¡LEA este aviso cuidadosamente!

Si quiere añadir más información, adjunte el formulario MC-025 o una hoja con su nombre, número de caso y las palabras "Financial Information" (Información Financiera) en la parte superior de la hoja. No se olvide de marcar la casilla aquí que le dice a la corte que ha adjuntado otra página.

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, 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.

Total monthly expenses (add 11a - 11m above): \$