Entregue este formulario junto con su Solicitud de audiencia. **FW-007 CONFIDENTIAL** formulario FW-006. Clerk stamps date here when form is filed. Person who asked for the hearing: **SÓLO PARA** Name: Street or m Escriba su nombre completo y **MUESTRA** dirección en el punto 1. Llene el 2 si tiene un abogado. No llene este formulario Lawyer, in person in (1) has one (name, aaaress, phone numbe e-mail, and State Bar number): Fill out court name and street address: Superior Court of California, County of Escriba la dirección The court received your request for a hearing about your court fees on de la corte aquí. (date): Fill in case number and case name: Read this form carefully. All checked boxes \square are court orders. Escriba el número de su caso aquí The court grants your request for a hearing on your eligibility for a fee Escriba el nombre del caso aquí waiver. Go to your court hearing on the date below. You may bring information about your financial situation to the hearing. Name and address of court if different from above: Date: Hearing No llene nada Date ☐ The court **denies** your i a. The hearing re of the request más en esta for a fee waive b. No request to v c. Other (explain) página. Date _ Deputy Request for Accom oning, or sign language interpreter se ct the clerk's office for Request for Accommodation, Form MC-410. Clerk's Certificate of Service I certify that I am not involved in this case and (check one):

A certificate of mailing is attached. \square I handed a copy of this notice to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.

Date:

 \square This notice was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in \bigcirc and \bigcirc ,

from (city):______, California on the date below.