

Turn in this form with your Request for Hearing, FW-006.

FW-007

Clerk stamps date here when form is filed.

SAMPLE ONLY
Do not fill out this form

1 Person who asked for the hearing:

Name: _____
Street or mailing address: _____
City: _____
Phone number: _____

**Write your name and address in #1.
Fill out #2 if you have a lawyer.**

2 Lawyer (if you have one, include name, e-mail address, and State Bar number):

Fill in court name and street address:

Superior Court of California, County of _____

Write in the court address here

3 The court received your request for a hearing about your court fees on (date): _____

Read this form carefully. All checked boxes are court orders.

4 The court grants your request for a hearing on your eligibility for a fee waiver. **Go to your court hearing** on the date below. You may bring information about your financial situation to the hearing.

Court fills in case number when form is filed.

Case Number: **Write your Case Number here**

Case Name: **Write your Case Name here**

Name and address of court if different from above: _____

Hearing Date → Date: _____ Time: _____
Dept.: _____ Room: _____

- 5** The court **denies** your request for a hearing about your court fees on the date below:
 - a. The hearing is denied for a fee waiver.
 - b. No request for a hearing.
 - c. Other (explain): _____

Do not fill out anything else on this page.

Date: _____



Request for Accommodations
language interpreter
office for Request for

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ntact the clerk's

- I certify that I am not involved in this case and (check one):
- 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.
 - This notice was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in **1** and **2**, from (city): _____, California on the date below.
 - A certificate of mailing is attached.

Date: _____ Clerk, by _____, Deputy