



ACCESS CENTER FEE WAIVER A-Z

FILING YOUR FEE WAIVER:

Q: What forms do I need to file a fee waiver and where can I get them?

A: For free forms, visit <https://www.courts.ca.gov/selfhelp-feewaiver.htm> . Note that you will have to save and print these documents on your own.

Forms to complete and file:

- FW-001 *The Request to Waive Court Fees* (Relevant sections only)
- FW-003 *Order on Court Fee Waiver* (Item numbers 1,2 and 3, if applicable, only)

Q. I'm looking at the Request for Fee Waiver forms and I am not sure which boxes to check. How do I fill these forms out?

A: Follow the general instructions below:

FW-001

Note that the information you place on this form is confidential.

1. Item 1: Fill this section out with your personal information. Use your most current mailing address.

1	Your Information <i>(person asking the court to waive the fees):</i>
	Name: <u>YOUR FULL LEGAL NAME HERE</u>
	Street or mailing address: <u>YOUR CURRENT ADDRESS</u>
	City: _____ State: _____ Zip: _____
	Phone: _____

2. Item 2: Your current job information goes in this section. If you are currently unemployed or have been laid-off, you may write "Unemployed."

2	Your Job, if you have one (job title): <u>Unemployed</u>
	Name of employer: _____
	Employer's address: _____

3. Item 3: Write, "In Pro Per," or "Self-Represented."

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):
 IN PRO PER _____

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. Item 4: Check the box for Superior Court fees.

4 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. Item 5: Mark only ONE box. Note that you can mark "a," OR "b," OR "c."

- If you mark box 5a, mark all that apply.
- If you mark boxes 5b OR 5c, there are additional items you must fill out on the second page of form FW-001.
- Inquire with the ACCESS Center if you require additional assistance.

5 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. Inc. 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 at home, add \$466.67 for each extra person.
1	\$1,329.17	3	\$2,262.50	5	\$3,195.84	
2	\$1,795.84	4	\$2,729.17	6	\$3,662.50	

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

6. Item 6: Check this box ONLY if you asked the court to waive your fees within the last 6 months.

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):

7. Date and sign your request for a fee waiver under penalty of perjury.

(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: 04/28/20

John Jay Smith ▶ John Jay Smith
Print your name here *Sign here*

Judicial Council of California, www.courts.ca.gov **Request to Waive Court Fees** FW-001, Page 1 of 2

FW-003:

1. Only fill out items 1, 2, 3 (if applicable), AND

① **Person who asked the court to waive court fees:**
Name: Jane Doe
Street or mailing address: 1234 Maple Drive, Apt. #1
City: San Francisco State: CA Zip: 94102

② **Lawyer, if person in ① has one (name, firm name, address, phone number, e-mail, and State Bar number):**
IN PRO PER

③ **A request to waive court fees was filed on (date):** 05/29/20
 The court made a previous fee waiver order in this case on (date):

2. The captions for the Court (name and address), AND

Fill in court name and street address:

Superior Court of California, County of San Francisco 400 McAllister Street 400 McAllister Street San Francisco, CA 94102 Unified Family Court

3. Finally, your court case number and court case name (if you know it).

Fill in case number and name:

Case Number: FDI-20-12345
Case Name: Doe v. Doe

If you have additional questions or need more guidance, read the *Information Sheet on Waiver of Superior Court Fees and Costs* form FW-001-INFO. You can also contact the ACCESS Center.

Q: I marked item number 5b OR 5c on form FW-001. Where can I find my monthly income and expenses information to answer the questions on page 2 of the FW-001?

A: This page requires you to provide more detailed answers regarding your *personal* and/or *household's* financial circumstances. To ensure you provide the most accurate information, review your recent paystubs, tax return(s), bank statement(s), credit card statement(s), loan statement(s), rental agreement, etc.

Your name: John Jay Smith

If you checked 5a on page 1, do not fill out below. If you checked 5b, you **must** fill out this entire page. If you checked 5c, you **must** fill out this entire page. If you checked 5d, you **must** fill out this entire page. If you checked 5e, you **must** fill out this entire page. If you checked 5f, you **must** fill out this entire page. If you checked 5g, you **must** fill out this entire page. If you checked 5h, you **must** fill out this entire page. If you checked 5i, you **must** fill out this entire page. If you checked 5j, you **must** fill out this entire page. If you checked 5k, you **must** fill out this entire page. If you checked 5l, you **must** fill out this entire page. If you checked 5m, you **must** fill out this entire page. If you checked 5n, you **must** fill out this entire page. If you checked 5o, you **must** fill out this entire page. If you checked 5p, you **must** fill out this entire page. If you checked 5q, you **must** fill out this entire page. If you checked 5r, you **must** fill out this entire page. If you checked 5s, you **must** fill out this entire page. If you checked 5t, you **must** fill out this entire page. If you checked 5u, you **must** fill out this entire page. If you checked 5v, you **must** fill out this entire page. If you checked 5w, you **must** fill out this entire page. If you checked 5x, you **must** fill out this entire page. If you checked 5y, you **must** fill out this entire page. If you checked 5z, you **must** fill out this entire page.

7 Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 **Your Gross Monthly Income**

a. List the source and amount of *any* income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) <u>Wages</u>	\$ <u>2,066.00</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____

b. Your total monthly income: \$ 2,066.00

9 **Household Income**

a. List the income of all other persons living in your home 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) <u>Sarah Howard</u>	<u>22</u>	<u>Fiancee</u>	\$ <u>0</u>
(2) <u>Jane D. Smith</u>	<u>2</u>	<u>Daughter</u>	\$ <u>0</u>
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8b plus 9b): \$ 2,066.00

Q: I have completed all the forms, what do I do next?

A: Double check that you have dated and signed the documents. Then:

1. Make 2 copies of your completed Form FW-001, front and back.
2. Double-hole punch the documents at the top center of each page.
3. File your fee waiver forms (original FW-001, plus 2 copies, and original FW-003, no copies needed) at the Civic Center Courthouse, 400 McAllister Street, Room 103, San Francisco, CA 94102. Business hours are Monday through Friday from 8:30 a.m.-12:30 p.m. Visit www.sfsuperiorcourt.org for updated information on court operations. Inquire with the filing clerk when you will be notified of the status of your fee waiver application.