



826 Brookside Ave., Suite C • Redlands • California • 92373 • (909) 335-0155

Court Fee Waiver Worksheet

Name: _____

Address: _____

Phone # _____ Alternate # _____

DOB _____ SS # _____

Please list your occupation, employer, and address:

Please check a box below if it applies to you

I receive:

Medi-Cal; MediCal # _____

CalWorks or Food Stamps

SSI or SSP

County Relief, General Relief or General Assistance

IHSS

Calworks

CAPI

Attach documents to verify receipt of the benefits checked above

If your gross monthly household income (before deductions for taxes) is less than the amount listed below, check the box to the left.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05

If you **have not** checked one of the boxes above, please check one below.

I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: waive some of the court fees let me make payments over time. I ask the court to waive all of the court fees.

Have you asked the court to waive your fees for this case in the last six months?

YES NO

Please list any other source of income besides your job including spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters, veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job related expenses, gambling or lottery winnings, etc.

\$ _____

\$ _____

\$ _____

\$ _____

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

Name	Age	Relationship	Gross Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The total amount of other money is \$ _____

Do you have any of the following, if so please fill in the blanks.

Cash \$ _____

Checking, savings, and credit union accounts (list banks):

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

Cars, other vehicles, and boats (list make year, fair market value (FMV) and loan balance of each):

Property	FMV	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Real estate (list address, estimated FMV, and loan balance)

Property	FMV	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other personal property – jewelry, furniture, furs, stocks, bonds, etc.

Below is a list of your monthly expenses, please fill them out as best as you can. Remember that they are only estimates.

- Rent or house payment & maintenance..... \$ _____
- Food & household supplies..... \$ _____
- Utilities & telephone..... \$ _____
- Clothing..... \$ _____
- Laundry & Cleaning..... \$ _____
- Medical & dental expenses..... \$ _____
- Insurance (life, health accident; no car)..... \$ _____
- School, child care..... \$ _____
- Child, spousal support (prior marriage)..... \$ _____
- Transportation & auto expenses (ins., gas, repair)..... \$ _____

Installment payments (specify purpose & amount)

This might include credit cards, car payments, anything that you may make a payment on

Paid to:	For:	Monthly payment	Amount owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount deducted due to wage assignments and earning withhold orders:

\$ _____

Other expenses (specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget)

DON'T FORGET, YOU MUST INCLUDE YOUR 2 MOST RECENT PAY STUBS IF YOU ARE EMPLOYED! IF YOU ARE NOT EMPLOYED, BE SURE TO OBTAIN A COPY OF YOUR PAPERWORK PROVING THAT YOU RECEIVE ASSISTANCE. (I.E. COPY OF EBT CARD, MEDI-CAL CARD, ETC.)

Attention Customers Planning to file for Fee Waiver!

Recently the court fees were changed as were the procedures for the fee waivers. The court has now said that if you file for a fee waiver and your waiver is rejected they will give you roughly 10 days to make the payment in full or set a court date for you to explain to the Judge directly why you cannot pay the court fees. If you do not make a court appearance and do not pay the court fees by the due date, they will dismiss your case entirely and still make you responsible for the court fees. That means that you must re-file from the beginning, if you choose, but will have to pay the fees twice for just one set of paperwork. Please consider this before we file your paperwork.

ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Documents Assistant to type and perform certain services as outlined in our discussion(s). I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: _____

Signature