FW-1

REQUISITOS PARA SUSPENDER LOS COSTOS JUDICIALES

3 PASOS:

PASO 1. ELJIBILIDAD NECESARIA PARA SUSPENDER LOS COSTOS JUDICIALES

PASO 2. COMPLETAR LA SOLICITUD DE LA SUSPENCION

PASO 3. ORDEN DEL JUEZ CON RESPECTO A LA SOLICITUD DE LA SUSPENCION DE COSTOS JUDICIALES

SUSPENCION DE COSTOS JUDICIALES Y GASTOS (CONTINUACION)

PASO 1. . ELJIBILIDAD NECESARIA PARA SUSPENDER LOS COSTOS

Sí has sido demandado o sí desea demandar a alguién, y no tiene con que pagar los honorarios de la corte y costos, quizás no tendrá que pagarlos sí:

- Usted (no su hijo) está recibiendo ayuda financiera por uno o más de los siguientes programas (se requieren pruebas):
  - SSI (1Supplemental Security Income)/SSP (State Supplemental Payments Program)
  - CalWORKs/TANF (Asistencia Temporal para las Familias Necesitadas – anteriormente conocido como AFDC)
  - Food Stamp Program (Programa de Estampillas para Comida)
  - County Relief(,Beneficiencía del Condado), (G.R)
  - General Relief (Beneficiencía General), or General Assistance (Asistencía General) (G.A.);

O…

- Sí el ingreso total de su casa antes de impuestos es menor de ciertos niveles;

O…

- Su ingreso no es suficiente para pagar las necesidaded diarias de la vida de usted y de las personas a quien mantiene.

Los requisitos para suspender los costos judiciales necesarios se encuentran en:

☐ Form 982(a)(17)(A), **Formulario de Informacion Sobre Suspencion de los costos judiciales y gastos**

Si, después de examinar la información, cree que reúne los requisitos siga al **Paso 2**.

SUSPENCION DE COSTOS JUDICIALES (CONTINUACION)

PASO 2. COMPLETAR LA SOLICITUD DE LA SUSPENCION DE COSTOS JUDICIALES

Para solicitar la suspencion de costos judiciales, llene el siguiente formulario y entregue el original y una copia a la Corte:

☐ Form 982(a)(17), **Application for Waiver of Court Fees and Costs** (2 páginas)

La solicitud de la suspencion de costos judiciales

Nota: sí no declara ningún tipo de ingresos, podrá ser requerido por la Corte para que explique de que vive (ejemplo: estoy viviendo con mis padres y ellos me están ayudando hasta que encuentre un trabajo).Los Presos no son requeridos a pagar las costas de promover la causa.

PASO 3. ORDEN DEL JUEZ REFERENTE A LA SUSPENCION DE COSTOS JUDICIALES

El juez podra negar la solicitud de suspencion de costos judiciales, concederla en su totalidad o parcialmente. Se podria ordenar que se realice una audiencia para decidir que se va a llevar a cabo. El solicitante se le informa de la Orden del juez a través de:

☐ Form 982(a)(18), **Order on Application for Waiver of Court Fees and Costs** (2 páginas)

La solicitud 982(a)(18) La solicitud de la suspencion de costos judiciales

(El Solicitante completará sólo la parte superior del formulario. La Corte completará el resto)

HOJA DE INFORMACION ACERCA DE "WAIVER FOR COURT FEES AND COSTS" (LA RENUNCIA A LOS COSTOS DE LA CORTE)
982(a)(17)(A)

ESTA PAGINA ES UNA GUIA PARA LLENAR EL FORMULARIO

"WAIVER FOR COURT FEES AND COSTS"- 982(A)(17)
(Aplicación para la Renuncia de costos judiciales)

982(a)(17)(A)

HOJA DE INFORMACION ACERCA DE
"WAIVER FOR COURT FEES AND COSTS"
(LA RENUNCIA DE COSTOS JUDICIALES)
Reglas de la Corte de CA, Regla 985

Si usted ha sido demandado ó si desea demandar a alguien y no puede pagar por los honorarios y costos judiciales probablemente no tenga que pagar si usted:

1. Esta recibiendo asistencia financiera bajo uno ó más de los siguientes programas:
   - SSI and SSP (Programas de asistencia financiera y pagos a traves del Estado)
   - CalWORKs (Oportunidad de empleo en Califonia y Responsabilidad para los niños, Implementado a traves de TANF, Asistencia Temporal para familias necesitadas, anteriormente conocida por AFDC, Programa de Ayuda a Familias con niños dependientes)
   - Programa de estampillas de comida.
   - Beneficiencía del Condado, Beneficiencía General (G.R) o Asistencía General (G.A.)

   Si hace un reclamo de eligibilidad para aplazamiento de honorarios y costos porque recibe asistencia financiera bajo uno o más de estos programas y no incluyo su número de Medi-Cal o su número de seguro social y fecha de nacimiénto,debe usted presentar documentación que confirme beneficios recibidos de alguna agencia de asistencia publica,a menos de ser usted un demandado en una retencion ilícita:

PROGRAMA	VERIFICACION
SSI/SSP	Tarjeta de Medi-Cal ó notificación de acción a tomar ó un comprobante generado por computadora del SSI ó un estado de cuenta del banco mostrando depositos del SSI ó "Passport to Services"
CalWORKS/TANF (anteriormente conocida como AFDC)	Tarjeta de Medi-Cal ó notificación de acción ó Formulario de Verificación de Ingresos ó Formulario de Reportes Mensuales ó Tarjeta electronica de Transferencia de Beneficios ó "Passport to Services"
Programa de Estampillas de Comida	Notificación de Acción ó Tarjeta de Identidad de Estampillas de Comida ó "Passport to Services"
Beneficiencia General/Asistencia General	Notificación de Acción ó Copia de un talon de cheque ó Bono del Condado

--O--

2. El ingreso mensual en total de todos en su casa antes de que le sacen los impuestos debe de ser menos de las siguientes cantidades:

Numero de personas en la familia	Ingreso Familiar
1	$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

Numero de personas en la familia	Ingreso Familiar
6	$ 2,626.04
7	2,957.29
8	3,288.54
Cada mienmbro Adicional	331.25

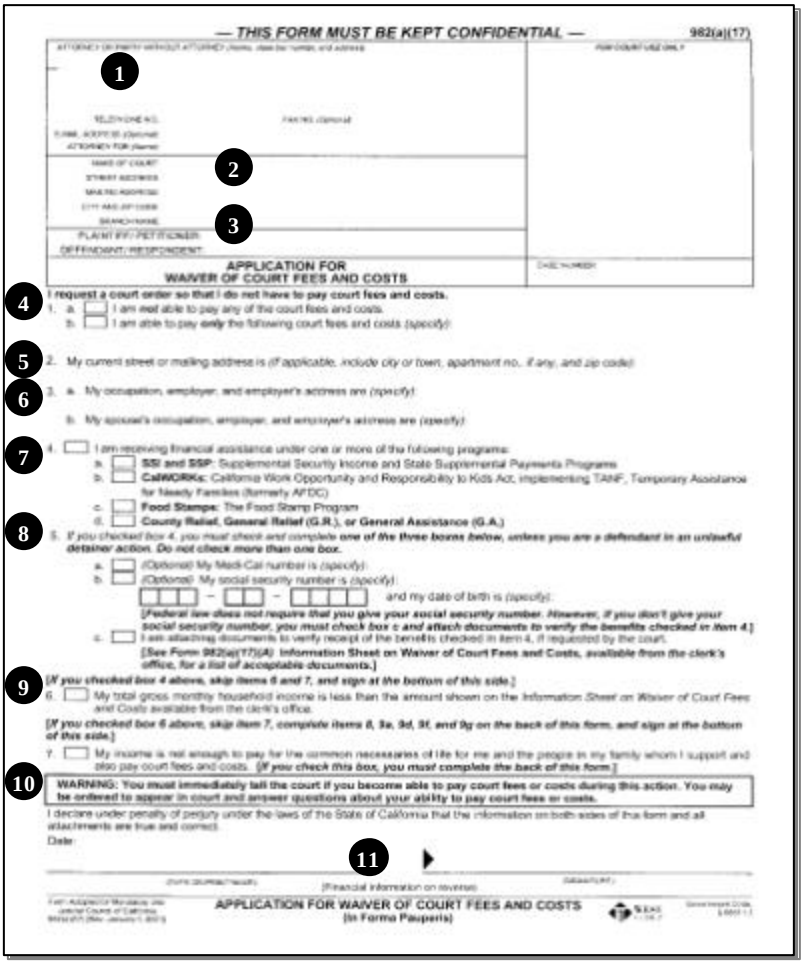
--O--

3. Su ingreso no es suficiente para pagar los gastos de manutencion necesarios para la sobrevivencia familiar y pagar los costos judiciales

Para solicitar, llene la aplicación "Waiver of Court Fees and Costs" (Formulario 982(a)(17) cual es disponible en la oficina del judicial. Si usted afirma no tener ingreso, se le requiere que llene una declaración bajo la pena de perjurio. Personas en la prision o en la carcel se le puede requerir que page hasta la cantidad en total de los costos para la registracion

.

Si usted tiene preguntas y no tiene para pagar un abogado, puede consultar un oficina de asistencia legal, ofincina de servicios Legales o un servicio de referencias para un abogado en su condado (estan en las paginas amarillas bajo "Attorneys").
Si esta pidiendo un sumario la decisión de un organismo administrivo bajo el codigo del procedemiento via ordinaria del articulo 1094.5 (mandato administrivo) puede preguntar por una transcripción de los procedimientos administrivos al gasto del organismo administrivo.



— THIS FORM MUST BE KEPT CONFIDENTIAL — 982(a)(17)

APPLICATION FOR WAIVER OF COURT FEES AND COSTS

I request a court order so that I do not have to pay court fees and costs.

1. a. [ ] I am not able to pay any of the court fees and costs.
   b. [ ] I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):
   b. My spouse's occupation, employer, and employer's address are (specify):

4. [ ] I am receiving financial assistance under one or more of the following programs:
   a. [ ] **SSI and SSP**: Supplemental Security Income and State Supplemental Payments Programs
   b. [ ] **CalWORKs**: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. [ ] **Food Stamps**: The Food Stamp Program
   d. [ ] **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.*
   a. [ ] (Optional) My Medi-Cal number is (specify):
   b. [ ] (Optional) My social security number is (specify):
   [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] and my date of birth is (specify):
   [Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
   c. [ ] I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   [See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. [ ] My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. [ ] My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. *[If you check this box, you must complete the back of this form.]*

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(Financial information on reverse)

APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)

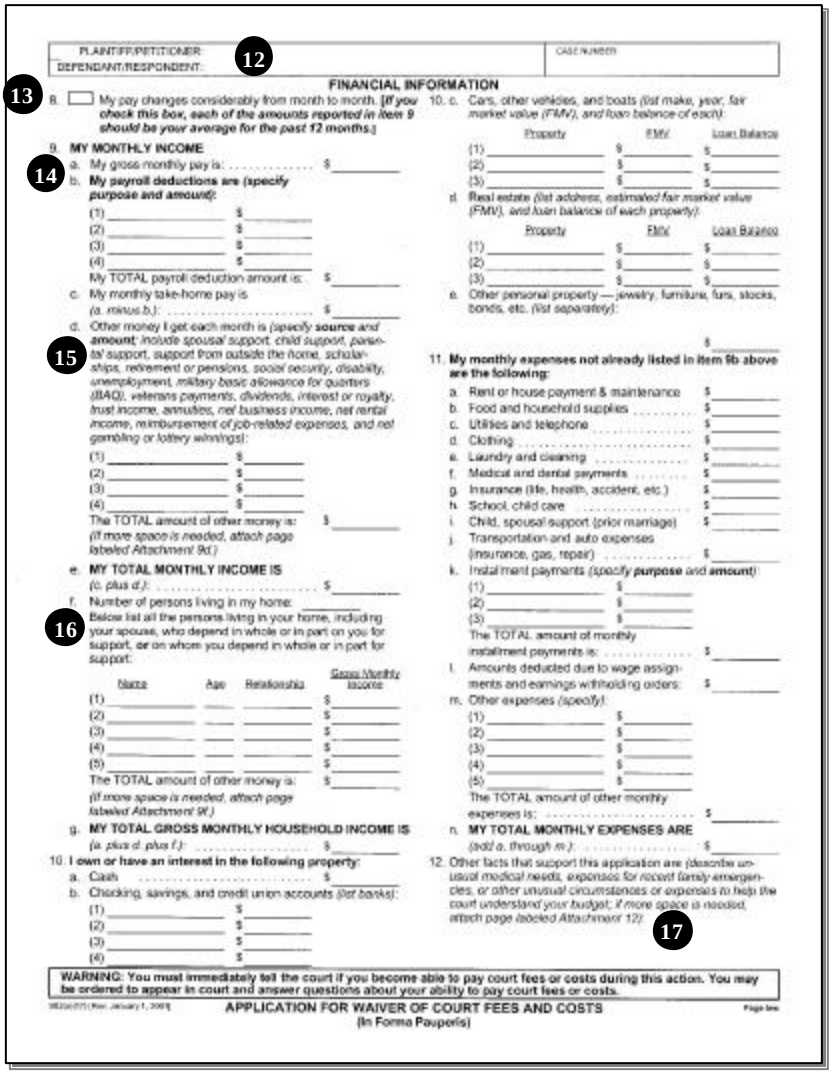
Cómo llenar

SOLICITUD Y SUSPENDER LOS COSTOS JUDICIALES 982(a) (17)

ORDEN DE INSTRUCCIONES

- Encuentre el número en el formulario de muestra. *Ejemplo:* 1
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o con letra de molde con tinta negra.
- Si conoce el número del caso (CASE NUMBER) escríbalo si no déjelo en blanco.

1. Escriba su nombre y dirección. Tiene la opción de escribir su número de teléfono, fax o, correo electrónico. (Opcional)
2. Escriba "Fresno" después de COUNTY OF. La dirección es 1100 Van Ness Ave., Fresno CA 93724-0002. El nombre de la filial es "Central Branch"
3. Escribe los nombres completos (apellido, mediano, ultimo) de las personas en este caso. Usted es el "Petitioner"(demandante) si usted comenso este caso. O "Respondent" (demandado) si otra persona comenso este caso contra usted. Si este caso es para Nombramiento de Tutor del minor esescriba la palabra "Guardianship of" y escribe los nombres de los hijos.
4. Marque el cuadro 3**a.** si usted <u>no puede</u> pagar ninguno de los costos. Marque el cuadro **b.** si puede pagar algunos de los costos. Escriba lo que pueda pagar.
5. Escriba su domicilio (donde usted vive) o dirección de envío (como un PO Box). Incluya el nombre de la cuidad, el número de apartamento si aplica, y el código postal.
6. Linia **a.**, escriba su profesion, el nombre y direccion en donde usted trabaja. Escriba "unemployed" si está desempleado. Escriba la profeccion de su cónyuge, el nombre y dirección donde trabaja. Escribe "unemployed" si él/ella no está trabajando actualmente.
7. Marque el cuadro 4 y cualquier otro cuadro abajo, si esta recibiendo pago usted o su familia (no para el niño de la acción de tutela) de cualquiera de estos programas.
8. Si marcó el cuadro 4, marque y complete <u>uno</u> de los cuadros en sección 5. Si marco el cuadro 5c, y adjunte los documentos de descritos de SSI, SSP, CalWorks, Food Stamps, County Relief, General Relief, or General Assistance.
9. *Si marcó el cuadro 4, ya termino.* . Si no marco cuadro 4, marque el cuadro 6 si la cantidad total de dinero que gana usted cada mes es <u>menos</u> de cualquiera de las cantidades en el "Information Sheet on Waiver of Court Fees and Costs". Si marco cuadro 6, complete cuadro 8,9a,9d,9f y 9g (pagina dos de este formulario).
10. Marque el cuadro 7 si no es suficiente el dinero que gana para pagar los cobros de la corte Y para las cosas necesarias para mantener a su familia y a usted**.** Si marcó este cuadro tiene que completar página dos de este formulario.
11. A la izquierda anote la fecha y su nombre en letra de molde o a máquina. Al firmar al lado derecho, usted está diciendo que todo es cierto y verdadero



PLAINTIFF/PETITIONER: 12
DEFENDANT/RESPONDENT:
CASE NUMBER:

FINANCIAL INFORMATION

13 8. ☐ My pay changes considerably from month to month. **(If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.)**

9. **MY MONTHLY INCOME**

14 a. My gross monthly pay is: ..... $ _____

b. **My payroll deductions are (specify purpose and amount):**

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

My TOTAL payroll deduction amount is: $ _____

c. My monthly take-home pay is (a. minus b.): ..... $ _____

d. Other money I get each month is (specify **source** and **amount**; *include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings*):

15

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

The TOTAL amount of other money is: $ _____
(If more space is needed, attach page labeled Attachment 9d.)

e. **MY TOTAL MONTHLY INCOME IS** (c. plus d.): ..... $ _____

f. Number of persons living in my home: _____

16 Below list all the persons living in your home, including your spouse, 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)			$
(2)			$
(3)			$
(4)			$
(5)			$

The TOTAL amount of other money is: $ _____
(If more space is needed, attach page labeled Attachment 9f.)

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** (a. plus d. plus f.): ..... $ _____

10. **I own or have an interest in the following property:**

a. Cash ..... $ _____

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

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

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

Property	FMV	Loan Balance
(1)	$	$
(2)	$	$
(3)	$	$

d. Real estate (*list address, estimated fair market value (FMV), and loan balance of each property*):

Property	FMV	Loan Balance
(1)	$	$
(2)	$	$
(3)	$	$

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (*list separately*):

$ _____

11. **My monthly expenses not already listed in item 9b above are the following:**

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 payments ..... $ _____
g. Insurance (life, health, accident, etc.) $ _____
h. School, child care ..... $ _____
i. Child, spousal support (prior marriage) $ _____
j. Transportation and auto expenses (insurance, gas, repair) ..... $ _____
k. Installment payments (*specify* **purpose** and **amount**):

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____

The TOTAL amount of monthly installment payments is: ..... $ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____

m. Other expenses (*specify*):

(1) _____ $ _____
(2) _____ $ _____
(3) _____ $ _____
(4) _____ $ _____
(5) _____ $ _____

The TOTAL amount of other monthly expenses is: ..... $ _____

n. **MY TOTAL MONTHLY EXPENSES ARE** (add a. through m.): ..... $ _____

12. 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; if more space is needed, attach page labeled Attachment 12*): 17

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

APPLICATION FOR WAIVER OF COURT FEES AND COSTS
(In Forma Pauperis)

SOLICITUD Y SUSPENCION 982(a) (17)

- Sugunda pagina -

ORDEN DE INSTRUCCIONES

- Encuentre el número en el formulario de muestra. *Ejemplo* 14
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o con letra de molde con tinta negra.
- Si conoce el número del caso (CASE NUMBER) escríbalo si no déjelo en blanco.

12 Escriba la informacion que escribo en cuadro 3.

13 Marque el cuadro 8 si la cantidad de dinero que recibe varía mucho cada mes. Si marca este cuadro, cada una de las cantidades que escribió en cuadro 9 sobre su ingreso mensual, abajo, debe de ser igual por los últimos 12 meses.

14 Escriba en cuadro 9a, su ingreso en bruto mensual (su ingreso antes de le quiten los impuestos). Para 9**b.** Anote lo que le quitan de su ingreso cada mes. Escriba su ingreso neto en cuadro 9c (línea 9**a.** menos la línea 9**b.**).

15 Para 9**d.**, ponga cualquier otro dinero que recibe cada mes (como sustento de los niños, pagos por incapacidad, etc.). Escriba de donde recibe ese dinero y la cantidad.

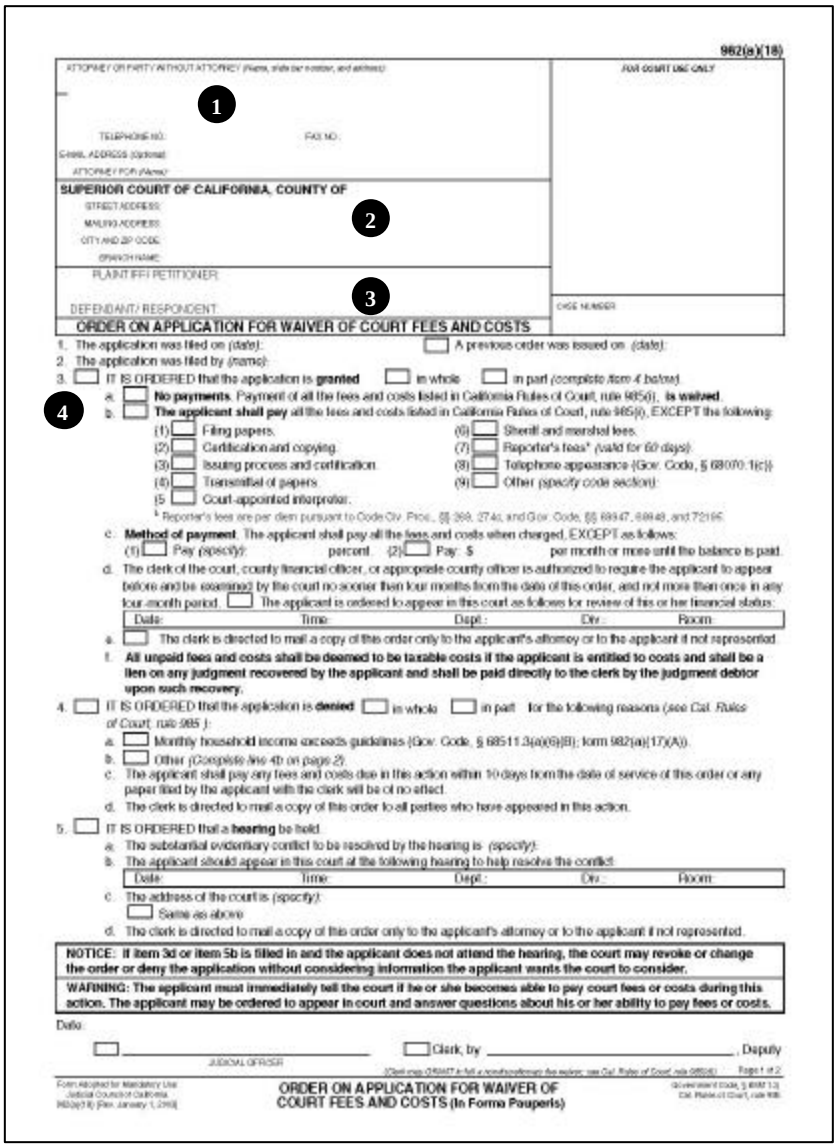
- Si necesita mas líneas, use otra hoja y escriba arriba "Attachment **9d**".
- Para 9**e.**, incluya 9**c.** y 9**d.** junto para tener la cantidad total de lo que recibe cada mes.

16 Para 9f., Apunte el número de personas que viven en su casa.

Apunte sus nombres, edades, parentesco (su cónyuge, hijo, padre, etc.), y sus ingresos en bruto (antes de los impuestos) mensual.

- Si necesita más líneas, use otra hoja y escriba arriba "Attachment **9f**".
- Para línea 9**g.**, agregue 9**a.** más 9**d.** más 9**f.** para tener el total el ingreso mensual en bruto de todos los que viven en su casa.

17 Escribe la informacion si le pertenece a usted en cuadro 10,11,y 12.
Si no tiene trabajo o ingreso escriba una breve explicación (razones) de cómo se está manteniendo (ejemplos: "mis padres me están ayudando hasta que encuentre trabajo "Yo últimamente me separé y estoy viviendo de mis ahorros"). Use otra hoja y escriba "Attachment 12" hacia arriba.



982(a)(18)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): FOR COURT USE ONLY

1

TELEPHONE NO.: FAX NO.:
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

2

PLAINTIFF/PETITIONER:
DEFENDANT/RESPONDENT:

3

CASE NUMBER:

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on (date): ☐ A previous order was issued on (date):
2. The application was filed by (name):
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).

4

a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
(1) ☐ Filing papers.
(2) ☐ Certification and copying.
(3) ☐ Issuing process and certification.
(4) ☐ Transcribe of papers.
(5) ☐ Court-appointed interpreter.
(6) ☐ Sheriff and marshal fees.
(7) ☐ Reporter's fees* (valid for 60 days).
(8) ☐ Telephone appearance (Gov. Code, § 68070.1(c)).
(9) ☐ Other (specify code section):
* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 68947, 68948, and 72195.
c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
(1) ☐ Pay (specify): percent. (2) ☐ Pay: $ per month or more until the balance is paid.
d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:

e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**

4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985 j):
a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(5)(B); form 982(a)(17)(A)).
b. ☐ Other (Complete line 4b on page 2).
c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.

5. ☐ IT IS ORDERED that a **hearing** be held.
a. The substantial evidentiary conflict to be resolved by the hearing is: (specify):
b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:

c. The address of the court is (specify):
☐ Same as above
d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐ _____ ☐ Clerk, by _____, Deputy
JUDICIAL OFFICER

(Clerk may ORDER a full or partial waiver of court fees and costs, see Cal. Rules of Court, rule 985(k)) Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California 982(a)(18) [Rev. January 1, 2003]

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)

Government Code, § 68511.3; Cal. Rules of Court, rule 985

Como llenar una

ORDEN SOBRE LA SOLICITUD DE LA RENUNCIA DE COSTOS JUDICIALES

982(a)(18)

ORDEN DE INSTRUCCIONES

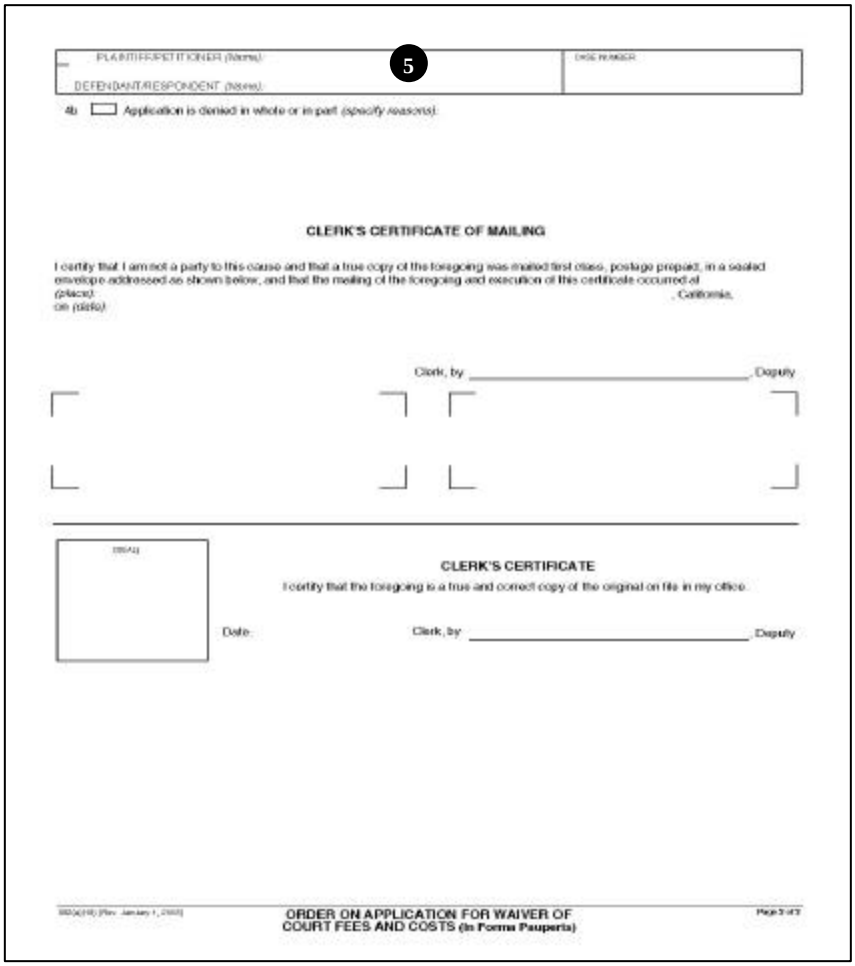
- Encuentre el número en el formulario de muestra. *Ejemplo:* ❶
- Encuentre abajo el número correspondiente y siga las instrucciones.
- Llene a maquina o en letra de molde con tinta negra.
- Si conoce el No. del caso (CASE NUMBER) escríbalo ó dejelo en blanco.

❶ Escriba su nombre y domicilio aqui. Tambien puede incluir su número de telefono, fax y direccion electronica,(Opcional).

❷ Escriba "Fresno" despues de "COUNTY OF." La direccion es 1100 Van Ness Ave., Fresno CA 93724-0002. Donde dice "Branch Name" le pone: Central Branch.

❸ Escriba los nombres completos (de pila, y apellido) le los participantes. Usted es el "Petitioner"(Demandante) si a iniciado el caso. Usted es el "Respondent" (Demandado) si otra persona empezo un caso encontra de usted. . Si se trata de un caso de tutela escriba "In the Guardianship of _____" Escriba el nombre de(l) niños).

❹ Escriba su nombre despues del numero 2 marque el cuadro 3, 3(a) y el cuadro enfrente de "granted in whole".



PLAINTIFF/PETITIONER (Name): 5

DEFENDANT/RESPONDENT (Name):

CASE NUMBER:

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place) , California, on (date)

Clerk, by _____, Deputy

SEAL

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)

ORDEN SOBRE LA SOLICITUD DE LA RENUNCIA DE COSTOS JUDICIALES
982(a)(18)

Sugunda Pagina

5 Escriba los nombres completos (de pila, y su apellido) de los partecipantes. Usted es el “Petitioner” (Demandante) si a empezado un caso. Usted es el “Respondent” (Demandado) si otra persona empezo un caso encontra de usted.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER:

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, apartment no., if any, and zip code)*:

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete* ***one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.***
   a. ☐ *(Optional)* My Medi-Cal number is *(specify)*:
   b. ☐ *(Optional)* My social security number is *(specify)*:
   ☐☐☐ – ☐☐ – ☐☐☐☐ and my date of birth is *(specify)*:
   [*Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.*]
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   [*See Form 982(a)(17)(A)* Information Sheet on Waiver of Court Fees and Costs*, available from the clerk's office, for a list of acceptable documents.*]

[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[*If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.*]

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. **[*If you check this box, you must complete the back of this form.*]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

(Financial information on reverse)

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PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**
   a. My gross monthly pay is: . . . . . $ _____
   b. **My payroll deductions are *(specify purpose and amount)*:**
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      My TOTAL payroll deduction amount is: $ _____
   c. My monthly take-home pay is *(a. minus b.)*: . . . . . $ _____
   d. Other money I get each month is *(specify **source** and **amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      The TOTAL amount of other money is: $ _____
      (If more space is needed, attach page labeled Attachment 9d.)
   e. **MY TOTAL MONTHLY INCOME IS** *(c. plus d.)*: . . . . . $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, including your spouse, 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)				$
(2)				$
(3)				$
(4)				$
(5)				$

      The TOTAL amount of other money is: $ _____
      (If more space is needed, attach page labeled Attachment 9f.)
   g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** *(a. plus d. plus f.)*: . . . . . $ _____

10. **I own or have an interest in the following property:**
    a. Cash . . . . . $ _____
    b. Checking, savings, and credit union accounts *(list banks)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
    c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

    d. Real estate *(list address, estimated fair market value (FMV), and loan balance of each property)*:

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

    e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:
       $ _____

11. **My monthly expenses not already listed in item 9b above are the following:**
    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 payments . . . . . $ _____
    g. Insurance (life, health, accident, etc.) $ _____
    h. School, child care . . . . . $ _____
    i. Child, spousal support (prior marriage) $ _____
    j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
    k. Installment payments *(specify **purpose** and **amount**)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       The TOTAL amount of monthly installment payments is: . . . . . $ _____
    l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____
    m. Other expenses *(specify)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
       (5) _____ $ _____
       The TOTAL amount of other monthly expenses is: . . . . . $ _____
    n. **MY TOTAL MONTHLY EXPENSES ARE** *(add a. through m.)*: . . . . . $ _____

12. 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; if more space is needed, attach page labeled Attachment 12)*:

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS
(California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:
   - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
   - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
   - The Food Stamp Program
   - County Relief, General Relief (G.R.), or General Assistance (G.A.)

   If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action *or* Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

–OR –

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

NUMBER IN FAMILY	FAMILY INCOME
6	$ 2,626.04
7	2,957.29
8	3,288.54
Each additional	331.25

–OR–

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the* Application for Waiver of Court Fees and Costs *(Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on *(date):* ☐ A previous order was issued on *(date):*
2. The application was filed by *(name):*
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part *(complete item 4 below).*
   a. ☐ **No payments**. Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived**.
   b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
      (1) ☐ Filing papers.
      (2) ☐ Certification and copying.
      (3) ☐ Issuing process and certification.
      (4) ☐ Transmittal of papers.
      (5 ☐ Court-appointed interpreter.
      (6) ☐ Sheriff and marshal fees.
      (7) ☐ Reporter's fees* *(valid for 60 days).*
      (8) ☐ Telephone appearance (Gov. Code, § 68070.1(c))
      (9) ☐ Other *(specify code section):*

      * Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
   c. **Method of payment**. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
      (1) ☐ Pay *(specify):* percent. (2) ☐ Pay: $ per month or more until the balance is paid.
   d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:

   e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
   f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (*see Cal. Rules of Court, rule 985):*
   a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
   b. ☐ Other *(Complete line 4b on page 2).*
   c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
   d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
   a. The substantial evidentiary conflict to be resolved by the hearing is *(specify):*
   b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:

   c. The address of the court is *(specify):*
      ☐ Same as above
   d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐ _____ ☐ Clerk, by _____, Deputy
JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

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PLAINTIFF/PETITIONER *(Name):* DEFENDANT/RESPONDENT *(Name):*	CASE NUMBER:

4b ☐ Application is denied in whole or in part *(specify reasons):*

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at *(place):* , California, on *(date):*

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy