

**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.

| | |
|--|--------------|
| 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) _____ \$ _____

10. 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 which 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.

| | |
|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): _____ TELEPHONE NO.: _____ | FOR COURT USE ONLY |
| ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710 | |
| PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ | |
| ORDER FOR INSTALLMENT PAYMENT OF COURT FEES OR COSTS | CASE NUMBER: _____ |

1. The application for waiver of court fees or costs filed:

- a. on:
- b. by:

HAS BEEN DENIED, but applicant is granted permission to pay same on installments, as follows:

- c. The applicant is ordered to pay filing fees or costs in the amount of \$ _____
 payable at the rate of _____ on the _____ and _____ on the _____
 days of each month, commencing _____
- d. Other orders: _____

2. All payments shall be payable to the San Bernardino County Central Collections, 157 West Fifth Street, 3rd Floor, San Bernardino, CA 92415.

If any two payments are not paid when due, the entire unpaid balance shall become due and payable immediately.

3. Applicant's complete address is: _____

4. Applicant's date of birth is: _____

5. Applicant's Social Security Number is: _____

6. The Clerk of the Court is directed to mail a copy of this Order to the applicant, or the applicant's attorney, if any.

Dated _____

Signature of Judge

| |
|-------------------------------|
| ACIS Code 37362(01) |
|-------------------------------|

*DISTRIBUTION: Original - File
 Copy - Administration
 Copy - Central Collections*

Case Number:

PLAINTIFF (Name) :

DEFENDANT (Name):

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ORDER FOR INSTALLMENT PAYMENT OF FILING FEES

CLERK'S CERTIFICATION OF MAILING

I certify that I am not a party to this cause and that a 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)

CLERK'S CERTIFICATION

(SEAL)

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

Dated: _____ Clerk, by _____ (Deputy)

| | |
|------------------------------|--------------|
| PLAINTIFF/PETITIONER (Name): | CASE NUMBER: |
| DEFENDANT/RESPONDENT (Name): | |

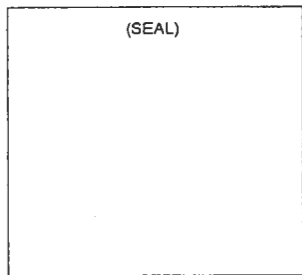
4b Application is denied in whole or in part (specify reasons):

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

| | | |
|--|--|--|
| | | |
| | | |



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

| | |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY CASE NUMBER: _____ |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ | |
| PLAINTIFF/PETITIONER: _____ DEFENDANT/RESPONDENT: _____ | |
| 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) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)) |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): |
| (5) <input type="checkbox"/> Court-appointed interpreter. | |

* 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 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))
 Page 1 of 2

| | |
|------------------------------|--------------|
| PLAINTIFF/PETITIONER (Name): | CASE NUMBER: |
| DEFENDANT/RESPONDENT (Name): | |

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

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Clerk, by _____, Deputy

| | | |
|--|--|--|
| | | |
| | | |

(SEAL)

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| | |
|--|--------------------|
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5. Applicant's Social Security Number is: _____

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Dated _____

Signature of Judge

**ACIS Code
 37362(01)**

*DISTRIBUTION: Original - File
 Copy - Administration
 Copy - Central Collections*

Case Number:

PLAINTIFF (Name) :

DEFENDANT (Name):

Page 2

ORDER FOR INSTALLMENT PAYMENT OF FILING FEES

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on (date): _____ Clerk, by _____
(Deputy)

CLERK'S CERTIFICATION

(SEAL)

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

Dated: _____ Clerk, by _____
(Deputy)