

Clerk stamps date here when form is filed

1 Your Information *(person who asked the court to waive court fees):*

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

2 Your lawyer, if you have one *(name, address, phone number, e-mail, and State Bar number):*

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and case name:

Case Number:

Case Name:

3 Date of order denying your request to waive court fees *(month/day/year):* _____

(Check here if you have a copy of the order denying your request, and attach it to this form.)

4 I ask the court for a hearing on my fee waiver request so that I can bring more information about my financial situation.

5 The additional facts that support my request for a fee waiver are *(describe):*
(Use this space if you want to tell the court in advance what facts you want considered at the hearing. If the space below is not enough, attach form MC-025. Or attach a sheet of paper and write Additional Facts and your name and case number at the top. You may also attach copies of documents you want the court to look at.)

Date: _____

Print your name here



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before your hearing. Contact the clerk's office for *Request for Accommodation*, form MC-410.

