FW-003 Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
<b>1</b> Person who asked the court to waive court fees: Name: Sally Smith	
Street or mailing address: <u>123 Main Street</u> City: <u>El Cajon</u> State: <u>CA</u> Zip: <u>92020</u>	-
<b>2</b> Lawyer, if person in (1) has one (name, firm name, address, phone number, e-mail, and State Bar number):	
	Fill in court name and street address: Superior Court of California, County of San Diego 1100 Union Street Same San Diego, CA 92101
3) A request to waive court fees was filed on <i>(date)</i> :	Central Division
The court made a previous fee waiver order in this case on <i>(date)</i> :	Fill in case number and name: Case Number:
Read this form carefully. All checked boxes 🗹 are court orders.	Case Name: Smith, Sally and John
ees. If this happens and you do not pay, the court can make you pay the fees s a change in your financial circumstances during this case that increases you notify the trial court within five days. (Use form FW-010.) If you win your ca o pay the fees. If you settle your civil case for <b>\$10,000</b> or more, the trial court	and also charge you collection fees. If there is ability to pay fees and costs, you must use, the trial court may order the other side rt will have a lien on the settlement in the
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CEB<sup>®</sup> Essential

Your r	name:
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Case Number:

г	The court <b>denies</b> your fee waiver request because:
	<b>Warning!</b> If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.
(1)	<ul> <li>Your request is incomplete. You have 10 days after the clerk gives notice of this Order (see date of service on next page) to:</li> <li>Pay your fees and costs, or</li> </ul>
	<ul> <li>File a new revised request that includes the incomplete items listed:</li> <li>Below On Attachment 4b(1)</li> </ul>
(2)	The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: Below On Attachment 4b(2)
	The court has enclosed a blank Request for Hearing About Court Fee Waiver Order (Superior Court)
	<ul> <li>(form FW-006). You have 10 days after the clerk gives notice of this order (see date of service below)</li> <li>Pay your fees and costs in full or the amount listed in c below, or</li> <li>Ask for a hearing in order to show the court more information. (Use form FW-006 to request hearing.)</li> </ul>
(1)	<ul> <li>The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:</li> <li>Below On Attachment 4c(1)</li> </ul>
(2)	<ul> <li>Bring the items of proof to support your request, if reasonably available, that are listed:</li> <li>Below On Attachment 4c(2)</li> </ul>

This is a Court Order.

Name and address of court if different from abov
court on your hearing date, the judge will deny your o pay your fees. If you miss that deadline, the court cann he papers were a notice of appeal, the appeal may be
f (check one): 🔲 Judicial Officer 🔲 Clerk, Deputy

## **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 the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

## **Clerk's Certificate of Service**

I certify that I am not involved in this case and (check one):

I handed a copy of this Order to the party and attorney, if any, listed in 1 and 2, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from *(city):* , California on the date below.

A certificate of mailing is attached.

Date:

Clerk, by \_\_\_\_\_\_, Deputy

Name:



This is a Court Order.