

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY:	
ORDER AFTER HEARING ON MOTION TO SET ASIDE ORDER TO PAY WAIVED COURT FEES (Superior Court)	CASE NUMBER:

1. This proceeding was heard on (*date*): _____ at (*time*): _____ in Dept.: _____ Room: _____
 by Judge (*name*): _____ Temporary Judge

2. a. Petitioner/plaintiff present Attorney present (*name*): _____
 b. Respondent/defendant present Attorney present (*name*): _____
 c. Other party present Attorney present (*name*): _____

3. The order to pay waived court fees filed (*date*): _____ ordering (*name*): _____
 to pay court fees
 a. is not set aside on the following grounds (*specify*): _____

 b. is set aside on the following grounds (*specify*): _____

4. Other (*specify*): _____

Date: _____

JUDICIAL OFFICER