FW-006 **Request for Hearing About Court Fee Waiver Order (Superior Court)**

CONFIDENTIAL

Clerk stamps date here when form is filed

SAMPLE ONLY

Do not fill out this form

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

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone _____

Fill out item #1.
Fill out #2 if you have a lawyer.

2 **Your** *umber, e-mail, and St*

_____

_____

_____

Fill in court name and street address:

Superior Court of California, County of

Write in the court address here

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

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In #3, write the date of the order denying your request for a fee waiver (Form FW-003). If you have a copy of it, check the box and attach it to this Request.

Fill in case number and case name:

Case Nu

Write your **Case Number** here

Case Name:

Write your **Case Name** here

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 pace 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.)

_____

_____

_____

_____

_____

_____

_____

In #5, if you want to add anything to the information you already wrote down on Form FW-001, check the box and write it in this space. The information you write here must be related to your financial situation and to your inability to afford the fees. If you run out of room, you can attach a piece of paper and write your name, case number and "Additional Facts" at the top.

Date: Write **Today's Date** here

Print **Your Name** here

Print your name here

Sign 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.