



Superior Court of California County of Kings

Fee Waiver Packet

Step 1: Determine if you are eligible to have your court fees and costs waived

- 1 If you are receiving public benefits/financial aid under one or more of the following programs:

Medi-Cal
Food Stamps
SSI (Supplemental Security Income)
SSP (State Supplemental Payments Program)
County Relief / General Assistance
IHSS (In-Home Supportive Services)
CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)
CAPI (Cash Assistance Program for Aged, Blind and Disabled)

- 2 If you are a low-income person and your total **gross** monthly household income (before deductions for taxes) is less than the amount listed below:

Family size	Gross Monthly Family Income
1	\$1,226.05
2	\$1,659.38
3	\$2,092.71
4	\$2,526.05
5	\$2,959.38
6	\$3,392.71

If more than 6 people at home, add \$433.34 for each extra person.

- 3 If your family income exceeds the guidelines (listed above) and you do not have enough income to pay for your household's basic needs and your court fees.

Step 2: Read and complete the fee waiver forms (pursuant to California Rule of Court, Rule 3.50-3.63)

- [Information Sheet on Waiver of Superior Court Fees and Costs, FW-001-INFO](#)
- [Request to Waive Court Fees, FW-001](#)
- [Order on Court Fee Waiver \(Superior Court\), FW-003](#) (see sample in packet)



If you claim **no** income, you will be required to explain how you are supporting yourself or are being supported on the [Attachment to Judicial Council \(form MC-025\)](#).

(for example: "I am living with my parents and they are helping me until I find a job.")

Step 3: Court order regarding the waiver request

- ❖ **Order granted in whole**- you will not have to pay for any court fees, unless your income changes. **Important:** If your financial situation or ability to pay court fees improves, you must notify the court within **five** days on [form FW-010](#).
- ❖ **Order granted in part**- you are required to pay a portion of the fees as indicated in the Order. If you do not remit payment within 10 days (from the date the clerks gives notice), all documents previously filed will have no legal effect.
- ❖ **Order for a hearing**- a hearing may be held to decide whether or not to grant your *Request to Waive Court Fees*.
- ❖ **Order denied**- you are required to pay the full filing fee(s). If you do not remit payment within 10 days (from the date the clerk sends notice) all documents previously filed will have no legal effect.

Completing form FW-003,
Order on Court Fee Waiver

Type or print legibly the following areas on your Order on Court Fee Waiver:

- A** Complete item #1 with your name, street or mailing address, and telephone number.
- B** Court address- If this area is not completed for you, write "Kings" for the County and complete the courts address.
- C** Case name- due to limited space, you may abbreviate the case name (example: Doe vs Doe)
Case number- If you have been assigned a case number, place it in this area. If not, leave this area blank.
- D** Do not complete any other items on page 1. Leave page 2 of the Order blank, **except** for your name and case number on the top of the form.

FW-003

**Order on Court Fee Waiver
(Superior Court)**

① Person who asked the court to waive court fees:

A
City: _____ State: _____ Zip: _____

② Lawyer, if person in ① has one (name, address, phone number, e-mail, and State Bar number): _____

③ A request to waive court fees was filed on (date): _____

The court made a previous fee waiver order in this case on (date): _____

Read this form carefully. All checked boxes are court orders.

Fill in court name and street address:

Superior Court of California County of _____

B

Fill in case number and case name:

C
D