

Clerk stamps date here when form is filed.

1 Person who asked for the hearing:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

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

3 The court received your request for a hearing about your court fees on (date): _____**Read this form carefully. All checked boxes are court orders.**

- 4** The court grants your request for a hearing on your eligibility for a fee waiver. **Go to your court hearing** on the date below. You may bring information about your financial situation to the hearing.

Fill out court name and street address:

Superior Court of California, County of

Fill in case number and case name:

Case Number:**Case Name:****Hearing
Date** →

Date: _____ Time: _____ Name and address of court if different from above: _____

Dept.: _____ Rm.: _____ _____

5 The court **denies** your request for a hearing because (check all that apply):

- a. The hearing request was not filed within ten days after the clerk gave notice of the denial of the request for a fee waiver. (Government Code section 68634(g).)
- b. No request to waive fees has been denied by the court in your action.
- c. Other (explain): _____

Date _____

Signature of (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 your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410.**Clerk's Certificate of Service**I certify that I am not involved in this case and (check one): A certificate of mailing is attached. I handed a copy of this notice to the party and attorney, if any, listed in 1 and 2, at the court, on the date below. This notice 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.

Date: _____

Clerk, by _____, Deputy