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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | |
| ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS (Cal. Rules of Court, rule 3.62) | CASE NUMBER: _____ |

1. The application was filed on (date): _____ A previous order was issued on (date): _____
2. The application was filed by (name): _____
3. IT IS ORDERED that the application is **granted** in whole in part (complete item 4 below).
 - a. **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.62, is **waived**.
 - b. **Applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.62, EXCEPT the following:

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| (1) <input type="checkbox"/> Jury fees and expenses. | (5) <input type="checkbox"/> Court-appointed experts. |
| (2) <input type="checkbox"/> Court-appointed interpreter for witnesses. | (6) <input type="checkbox"/> Other fees and costs (specify): |
| (3) <input type="checkbox"/> Witness fees of peace officers. | |
| (4) <input type="checkbox"/> Reporter's fees (beyond 60 days). | |
 - c. **Method of payment.** Applicant shall pay all the fees and costs when charged, EXCEPT as follows:

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| (1) <input type="checkbox"/> Pay (specify): _____ percent. |
| (2) <input type="checkbox"/> Pay: \$ _____ per month or more until the balance is paid. |
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.
 The applicant is ordered to appear for the court's review of the applicant's financial status as follows:

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|-------|-------|--------|-------|
| Date: | Time: | Dept.: | Room: |
|-------|-------|--------|-------|
 - e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. IT IS ORDERED that the application is **denied** in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____
 - b. **Applicant should be present** at the hearing to be held as follows:

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|-------|-------|--------|-------|
| Date: | Time: | Dept.: | Room: |
|-------|-------|--------|-------|
 - c. The address of the court is (specify):
 Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

Date: _____ _____ JUDICIAL OFFICER Clerk, by _____, Deputy
 (Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 3.56.)







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| PLAINTIFF/PETITIONER (Name): DEFENDANT/RESPONDENT (Name): | CASE NUMBER: |
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4b Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): _____, California, on (date): _____

Clerk, by _____, Deputy

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(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy