

*Clerk stamps date here when form is
filed*

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

Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
Phone number: _____

2 Your lawyer, if you have one *(name, address, phone number, e-mail, and*

State Bar number): _____

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

*(Check here if you have a copy of the order denying your
request, and attach it to this form.)*

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and case name:

Case Number:

Case Name:

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
space 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.)*

Date: _____

Print your name 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.