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The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

FEE WAIVER INFORMATION

1. _____
FULL NAME

2. _____
ADDRESS

3. PHONE NUMBER _____

4. Please check with the court regarding your court filing fee. How much of your filing fee can you pay?

none half specify _____

5. What is the reason you cannot pay?

6. What is your current occupation, employer, and employers address?

7. What is your spouses occupation, employer, and employers address?

8. Are you receiving any assistance from the State? Yes No

9. If so what program? SSI SSP AFDC GR GA

(Supplemental Security Income, Supplemental Payment Program, Aid to Families with Dependent Children, General Relief, General Assistance)

FOOD STAMPS CAL WORKS OTHER

Medi – Cal # _____

[other state aid not mentioned] _____

10. You need to attach proof of ANY assistance information

11. Birthdate _____ Age _____

12. What is your current gross monthly income? _____

13. Please list all sources of your income? Then list how much.

Include: child support, spousal support, grants, gifts, scholarships, social security, AFDC, Cal works, pension, disability, unemployment, military allowances, veterans payments, business income, commissions, wages, salary, lottery winnings, outside support, etc.

14. Please list all of your expenses - then list the amount.

Include: Rent, food, utilities, payments to anyone, insurance, transportation, laundry, clothing, telephones, maintenance, school, child care, etc.

15. Please all people who live with you first and last names, age, relationship to you and how much they contribute to each household expense.

Please review the Information sheet on Fee waivers for income guidelines.

Anything else you would like to add: