



WAIVER OF COURT FEE

If submitting Fee Waiver for Summary Petition, both parties must complete a Waiver Request

Name _____

Date of Birth: ___ / ___ / _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

SSN: ____ - ____ - ____ (Optional OR Provide proof of Welfare Payments)

Occupation _____

Employer _____

Employer's Address _____

| FAMILY Members | FAMILY Income |
|----------------|---------------|
| 1 | \$ 1,256.26 |
| 2 | \$ 1,691.67 |
| 3 | \$ 2,127.09 |
| 4 | \$ 2,562.51 |
| 5 | \$ 2,997.92 |
| 6 | \$ 3,433.34 |

Each add. \$435.42

Number of people you support (including yourself) _____

Spouse's gross monthly income \$ _____ Spouse occupation _____

Spouse's Employer _____

Spouse's Employer's Address _____

PEOPLE LIVING IN YOUR HOME:

| NAME | AGE | Relationship to you | Gross Mo Income |
|------|-----|---------------------|-----------------|
| | | | |
| | | | |
| | | | |

| | |
|---------------------------|----|
| YOUR Gross Monthly Income | \$ |
| State tax | \$ |
| Federal tax | \$ |
| TOTAL | \$ |

Check one of the boxes below, if you are receiving any of the following:

- SSI/SSP Food Stamps
- AFDC County Relief
- Medi-Cal Calworks/Tribal TANF
- CAPI

My pay changes from month to month

- YES NO

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"

List your assets (include vehicles, real estate, etc.) below:

\$ Equity value

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Cash \$ _____ Savings or Checking accounts \$ _____

YOUR MONTHLY EXPENSES:

| | | | |
|-----------------------|----------|---|----------|
| Rent or house payment | \$ _____ | Medical/Dental | \$ _____ |
| Food/Supplies | \$ _____ | Life, Health insurance | \$ _____ |
| Utilities | \$ _____ | School/Child care | \$ _____ |
| Clothing | \$ _____ | Child/Spousal support (previous marriage) | \$ _____ |
| Laundry | \$ _____ | Transportation/Auto | \$ _____ |

Installment Payments: To: _____ \$ _____
To: _____ \$ _____
To: _____ \$ _____
To: _____ \$ _____

Other facts with support your application (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the Court understand your budget:

