

SHORT TITLE	CASE NUMBER
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DECLARATION OF MAILING

INSTRUCTIONS: Only a person who is age 18 years or older and **not** a party to this action can serve document copies by mail. (Code Civ. Proc., § 1013a.) An unsigned copy of this *Declaration of Mailing* must be attached to and mailed with the copies. After the copies are deposited in the mail, the person who mailed them must fill out and sign this form attached as the last page of the originals for filing. (Code Civ. Proc., § 1013(b).) **WARNING: Falsifying this form can be a felony, punishable by imprisonment in state prison.** (Pen. Code, §§ 118 & 126)

1. I am employed in, or a resident of, the county in which this mailing occurred, and not a party to this action. At the time of mailing, I was at least 18 years of age or older;
2. I am readily familiar with the practice at the residence or business address shown below for collection and processing of correspondence for mailing with the United States Postal Service, which causes it to be sealed and deposited with said Postal Service with the postage prepaid the same day it is mailed or placed for collection and processing.
3. My residence business address and telephone number are as follows:

ADDRESS	TELEPHONE NUMBER ()
CITY, STATE AND ZIP CODE	

4. I served the below document(s) on behalf of _____ (name of party) by personally sealing and mailing with postage prepaid, placing for collection and mailing following ordinary business practices, true copies to the addressed as shown, on the date and at the place shown, in envelope(s) sealed, or to be sealed in the ordinary course of business, and addressed as follows:

DATE MAILED	PLACE OF MAILING (<i>City and state</i>)
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5. Exact title(s) of document(s) served: _____

<i>I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.</i>		
DATED	TYPE OR PRINT NAME OF PERSON WHO DID MAILING	SIGNATURE OF PERSON WHO DID MAILING

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Fill in case number and name:

Case Number:
Case Name:

1 Your Information (person asking the court to waive the fees):

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

2 Your Job, if you have one (job title): _____

Name of employer: _____

Employer's address: _____

3 Your lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

a. I receive (check all that apply): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$412.50 for each extra person.
1	\$1,163.55	3	\$1,988.55	5	\$2,813.55	
2	\$1,576.05	4	\$2,401.05	6	\$3,226.05	

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): waive all court fees waive some of the court fees let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

6 Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here:)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

Print your name here

Sign here

Case Number: _____

Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Total deductions (add 8a (1)-(4) above): \$ _____
c. Total monthly take-home pay (8a minus 8b): \$ _____
d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
Name Age Relationship Gross Monthly Income
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash _____ \$ _____
b. All financial accounts (List bank name and amount):
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
c. Cars, boats, and other vehicles
Make / Year Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____
d. Real estate
Address Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Describe Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ _____
b. Food and household supplies \$ _____
c. Utilities and telephone \$ _____
d. Clothing \$ _____
e. Laundry and cleaning \$ _____
f. Medical and dental expenses \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (another marriage) \$ _____
j. Transportation, gas, auto repair and insurance \$ _____
k. Installment payments (list each below):
Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
l. Wages/earnings withheld by court order \$ _____
m. Any other monthly expenses (list each below). \$ _____
Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a -11m above): \$ _____

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number): __________
_____**3 A request to waive court fees was filed on (date):** _____ The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and case name:

Case Number:**Case Name:****Read this form carefully. All checked boxes are court orders.**

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your (check one): Request to Waive Court Fees Request to Waive Additional Court Fees the court makes the following order:a. The court **grants** your request, as follows:(1) **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:

- Filing papers in Superior Court
- Making copies and certifying copies
- Sheriff's fee to give notice
- Reporter's daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
- Preparing and certifying the clerk's transcript on appeal
- Giving notice and certificates
- Sending papers to another court department
- Court-appointed interpreter in small claims court
- Court fees for phone hearings

(2) **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- Jury fees and expenses
- Fees for a peace officer to testify in court
- Fees for court-appointed experts
- Court-appointed interpreter fees for a witness
- Reporter's daily fees (*beyond the 60-day period following the fee waiver order*)
- Other (*specify*): _____

(3) **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- Preparing and certifying clerk's transcript for appeal
- Other (*specify*): _____

Case Number:

Your name: _____

b. The court **denies** your request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:
• Pay your fees and costs, or
• File a new revised request that includes the items listed below (*specify incomplete items*):

(2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): _____

Bring the following proof to support your request if reasonably available: _____

Hearing Date →	Date: _____	Time: _____	Name and address of court if different from page 1: _____
	Dept.: _____	Rm.: _____	

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

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 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

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 order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order 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

NAME OF VICTIM ON WHOSE BEHALF RESTITUTION IS ORDERED:	<i>FOR COURT USE ONLY</i>
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs.	
DEFENDANT:	
DEFENDANT'S STATEMENT OF ASSETS	CASE NUMBER:

It is a misdemeanor to make any willful misstatement of material fact in completing this form (Pen. Code, § 1202.4(f)(4).)

(Attach additional sheets if the space provided below for any item is not sufficient.)

PERSONAL INFORMATION

- | | |
|---|---|
| 1. a. Name:
b. AKA:
c. Date of birth:
d. Social security number:
e. Marital status: | f. Driver license number:
State of issuance:
g. Home address:
h. Home telephone no.:
i. Employer's telephone no.: |
|---|---|

EMPLOYMENT

2. What are your sources of income and occupation? *(Provide job title and name of division or office in which you work.)*
3. a. Name and address of your business or employer *(include address of your payroll or human resources department, if different):*
- b. If not employed, names and addresses of all sources of income *(specify):*
4. How often are you paid (for example, daily, weekly, biweekly, monthly)? *(specify):*
5. What is your gross pay each pay period? \$
6. What is your take-home pay each pay period? \$
7. If your spouse earns any income, give the name of your spouse, the name and address of the business or employer, job title, and division or office *(specify):*
8. Other sources of income *(specify):*

CASH, BANK DEPOSITS

9. How much money do you have in cash? \$
10. How much other money do you have in banks, savings and loans, credit unions, and other financial institutions either in your own name or jointly *(list):*

	<u>Name and address of financial institution</u>	<u>Account number</u>	<u>Individual or joint?</u>	<u>Balance</u>
a.				\$
b.				\$
c.				\$

PROPERTY

11. List all automobiles, other vehicles, and boats owned in your name or jointly:
- | | <u>Make and year</u> | <u>Value</u> | <u>Legal owner if different from registered owner</u> | <u>Amount owed</u> |
|----|----------------------|--------------|---|--------------------|
| a. | | \$ | | \$ |
| b. | | \$ | | \$ |
| c. | | \$ | | \$ |

(Continued on reverse)

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	CASE NUMBER:
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12. List all real estate owned in your name or jointly:

	<u>Address of real estate</u>	<u>Fair market value</u>	<u>Amount owed</u>
a.		\$	\$
b.		\$	\$

OTHER PERSONAL PROPERTY (Do not list household furniture and furnishings, appliances, or clothing.)

13. List anything of value not listed above owned in your name or jointly (continue on attached sheet if necessary):

	<u>Description</u>	<u>Value</u>	<u>Address where property is located</u>
a.		\$	
b.		\$	
c.		\$	

ASSETS

14. List all other assets, including stocks, bonds, mutual funds, and other securities (specify):

15. Is anyone holding assets for you? Yes. No. If yes, describe the assets and give the name and address of the person or entity holding each asset (specify):

16. Except for attorney fees in this matter and ordinary and routine household expenses, have you disposed of or transferred any assets since your arrest on this matter? Yes. No.
 If yes, give the name and address of each person or entity who received any asset and describe each asset (specify):

DEBTS

- 17. Loans (give details):

- 18. Taxes (give details):

- 19. Support arrearages (attach copies of orders and statements):

- 20. Credit cards (give creditor's name and address and the account number):

- 21. Other debts (specify):

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE)

I, (name): _____, a certified interpreter, having been duly sworn, truly translated this form to the defendant in the (specify language): _____ language. The defendant indicated that he/she understood the contents of the form and he/she completed the form.
 Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE)