

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <b>Pat Ann Sample</b> FIRM NAME: STREET ADDRESS: <b>1234 Main Street</b> CITY: <b>San Luis Obispo</b> STATE: <b>CA</b> ZIP CODE: <b>93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Petitioner in Pro Per</b>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:	
PETITION OF (name of each petitioner): <b>Pat Ann Sample</b>	
<b>PETITION FOR CHANGE OF NAME</b>	CASE NUMBER:

Before you complete this petition, you should read the *Instructions for Filing a Petition for Change of Name* (form NC-100-INFO). You must answer all questions and check all boxes that apply to you on this petition. You must file this petition in the superior court of the county where the person whose name is to be changed resides.

1. Petitioner (present name): **Pat Ann Sample** resides in this county.

2. Petitioner requests that the court decree the following name changes (list every name that you are seeking to change):

<u>Present name</u>	<u>Proposed name</u>
a. <b>Pat Ann Sample</b>	changed to <b>Billy Robert Sample</b>
b.	changed to
c.	changed to
d.	changed to

Continued (if you are seeking to change additional names, you must prepare a list and attach it to this petition as Attachment 2.)

3. Petitioner requests that the court issue an order directing all interested persons to appear or file objections to show cause why this petition for change of name of the persons identified in item 2 should not be granted.

4. The number of persons under 18 years of age whose names are to be changed is (specify): **0**

5. If this petition requests the change of name of any person or persons under 18 years, this request is being made by

- a.  two parents.
- b.  one parent.
- c.  near relative (name and relationship):
- d.  guardian (name):
- e.  other (specify):

6.  This petition seeks to change name of (check one)  petitioner  (name):  
to conform to that person's gender identity.

7. For each person whose name is to be changed, petitioner provides the following information (you must attach a completed copy of the attachment Name and Information About the Person Whose Name Is to Be Changed (form NC-110) for each person identified in item 2):

- a. The number of attachments included in this petition is (specify number): **1**
- b-f. (These are the items on the attached page or pages of Form NC-110.)

PETITION OF (Name of petitioner or petitioners):  
**Pat Ann Sample**

CASE NUMBER:

FOR CHANGE OF NAME

**NAME AND INFORMATION ABOUT THE PERSON  
WHOSE NAME IS TO BE CHANGED**

Attachment **1** of **1**

Attachment to *Petition* (form NC-100, form NC-200, or form NC-500)

(You must use a separate attachment for each person whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (form NC-110G), must also be completed and attached for each minor whose name is to be changed.)

7. (Continued) Petitioner applies for a decree to change the name of the following person:

b.  Self  Other

(1) Present name (specify): **Pat Ann Sample**

(2) Proposed name (specify): **Billy Robert Sample**

(3) Born on (date of birth): **2/26/1968**

and presently  under 18 years of age  over 18 years of age

(4) Born at (place of birth): **San Luis Obispo, CA**

(5) Sex (as stated on original birth certificate):  Male  Female

(6) Current residence address (street, city, county, and zip code):

**1234 Main Street, San Luis Obispo, CA 93408**

c. Reason for name change (explain):

**I want to change my name to Billy Robert Sample to conform to my gender identity.**

d. Relationship of the petitioner to the person whose name will be changed:

(1)  self

(4)  near relative (indicate relationship):

(2)  parent

(5)  Other (specify):

(3)  guardian

e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:

(1) Parent (name): (address):

(2) Parent (name): (address):

(3) (Only if neither parent is living) Near relatives (names, relationships, and addresses):

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

**DECLARATION**

I declare under penalty of perjury under the laws of the State of California that (check one)  I am not  I am under the jurisdiction of the California Department of Corrections and Rehabilitation (in state prison or on parole) or in county jail and (check one)  I am not  I am required to register as a sex offender under Penal Code section 290.

Date: **3/5/2009**

**Pat Ann Sample**

(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)

**Pat Ann Sample**

(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

(If petitioner is represented by an attorney, the attorney's signature follows):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date: **3/5/2009**

**Pat Ann Sample**

(TYPE OR PRINT NAME)

**Pat Ann Sample**

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT



ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <b>Pat Ann Sample</b> FIRM NAME: STREET ADDRESS: <b>1234 Main Street</b> CITY: <b>San Luis Obispo</b> STATE: <b>CA</b> ZIP CODE: <b>93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Petitioner in Pro Per</b>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:	
PETITION OF (Name of each petitioner): <b>Pat Ann Sample</b>  <p style="text-align: right;">FOR CHANGE OF NAME</p>	
<b>ORDER TO SHOW CAUSE FOR CHANGE OF NAME TO CONFORM TO GENDER IDENTITY</b>	CASE NUMBER:

TO ALL INTERESTED PERSONS:

1. Petitioner (name): **Pat Ann Sample** filed a petition with this court for a decree changing name as follows:

<u>Present name</u>		<u>Proposed name</u>
---------------------	--	----------------------

- |  |                      |                            |
|--|----------------------|----------------------------|
| a. <b>Pat Ann Sample</b><br>b.<br>c.<br>d. | to<br>to<br>to<br>to | <b>Billy Robert Sample</b> |
|--|----------------------|----------------------------|
2. THE COURT ORDERS that any person objecting to the name changes described above must file a written objection that includes the reasons for the objection within six weeks of the date this order is issued. If no written objection is timely filed, the court will grant the petition without a hearing.
3. A hearing date may be set only if an objection is timely filed and shows good cause for opposing the name change. Objections based solely on concerns that the proposed change is not the person's actual gender identity or gender assigned at birth shall not constitute good cause. (See Code Civ. Proc., § 1277.5(c).)

**NOTE: When a petition has been filed to change the name of a minor to conform to gender identity and the petition does not include the signatures of both living parents, the petition and this order to show cause shall be served on the parent who did not sign the petition, under section 413.10, 414.10, or 415.40, within 30 days from the date on which the order is made by the court.**

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Pat Ann Sample</b>  <b>1234 Main Street</b> <b>San Luis Obispo, CA, 93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO.: ATTORNEY FOR (Name): <b>Petitioner in Pro Per</b>		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:		
CASE NAME: <b>Petition of: Pat Ann Sample</b>		
CIVIL CASE COVER SHEET <input checked="" type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less)	Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)	CASE NUMBER:  JUDGE:  DEPT.:

*Items 1-6 below must be completed (see instructions on page 2).*

1. Check one box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46)  <b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23)  <b>Non-PI/PD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35)  <b>Employment</b> <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37)  <b>Real Property</b> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26)  <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38)  <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<b>Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403)</b> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41)  <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (20)  <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42)  <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input checked="" type="checkbox"/> Other petition (not specified above) (43)
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2. This case  is  is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- |  |  |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties   | d. <input type="checkbox"/> Large number of witnesses  |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence   | f. <input type="checkbox"/> Substantial postjudgment judicial supervision  |
3. Remedies sought (check all that apply): a.  monetary b.  nonmonetary; declaratory or injunctive relief c.  punitive
4. Number of causes of action (specify): **1**
5. This case  is  is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date: **3/5/2009**

**Pat Ann Sample**

(TYPE OR PRINT NAME)

*Pat Ann Sample*

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

Page 1 of 2



## INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

To Plaintiffs and Others Filing First Papers. If you are filing a first paper (for example, a complaint) in a civil case, you must complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check one box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the primary cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

To Parties in Rule 3.740 Collections Cases. A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than \$25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

To Parties in Complex Cases. In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

## CASE TYPES AND EXAMPLES

<b>Auto Tort</b>	<b>Contract</b>	<b>Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400-3.403)</b>
Auto (22)-Personal Injury/Property Damage/Wrongful Death	Breach of Contract/Warranty (06)	Antitrust/Trade Regulation (03)
Uninsured Motorist (46) ( <i>if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto</i> )	Breach of Rental/Lease	Construction Defect (10)
	Contract ( <i>not unlawful detainer or wrongful eviction</i> )	Claims Involving Mass Tort (40)
	Contract/Warranty Breach-Seller Plaintiff ( <i>not fraud or negligence</i> )	Securities Litigation (28)
	Negligent Breach of Contract/Warranty	Environmental/Toxic Tort (30)
	Other Breach of Contract/Warranty	Insurance Coverage Claims ( <i>arising from provisionally complex case type listed above</i> ) (41)
<b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b>	Collections (e.g., money owed, open book accounts) (09)	<b>Enforcement of Judgment</b>
Asbestos (04)	Collection Case-Seller Plaintiff	Enforcement of Judgment (20)
Asbestos Property Damage	Other Promissory Note/Collections Case	Abstract of Judgment (Out of County)
Asbestos Personal Injury/Wrongful Death	Insurance Coverage ( <i>not provisionally complex</i> ) (18)	Confession of Judgment ( <i>non-domestic relations</i> )
Product Liability ( <i>not asbestos or toxic/environmental</i> ) (24)	Auto Subrogation	Sister State Judgment
Medical Malpractice (45)	Other Coverage	Administrative Agency Award ( <i>not unpaid taxes</i> )
Medical Malpractice-Physicians & Surgeons	Other Contract (37)	Petition/Certification of Entry of Judgment on Unpaid Taxes
Other Professional Health Care Malpractice	Contractual Fraud	Other Enforcement of Judgment Case
Other PI/PD/WD (23)	Other Contract Dispute	<b>Miscellaneous Civil Complaint</b>
Premises Liability (e.g., slip and fall)	<b>Real Property</b>	RICO (27)
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)	Eminent Domain/Inverse Condemnation (14)	Other Complaint ( <i>not specified above</i> ) (42)
Intentional Infliction of Emotional Distress	Wrongful Eviction (33)	Declaratory Relief Only
Negligent Infliction of Emotional Distress	Other Real Property (e.g., quiet title) (26)	Injunctive Relief Only ( <i>non-harassment</i> )
Other PI/PD/WD	Writ of Possession of Real Property	Mechanics Lien
<b>Non-PI/PD/WD (Other) Tort</b>	Mortgage Foreclosure	Other Commercial Complaint Case ( <i>non-tort/non-complex</i> )
Business Tort/Unfair Business Practice (07)	Quiet Title	Other Civil Complaint ( <i>non-tort/non-complex</i> )
Civil Rights (e.g., discrimination, false arrest) ( <i>not civil harassment</i> ) (08)	Other Real Property ( <i>not eminent domain, landlord/tenant, or foreclosure</i> )	<b>Miscellaneous Civil Petition</b>
Defamation (e.g., slander, libel) (13)	<b>Unlawful Detainer</b>	Partnership and Corporate Governance (21)
Fraud (16)	Commercial (31)	Other Petition ( <i>not specified above</i> ) (43)
Intellectual Property (19)	Residential (32)	Civil Harassment
Professional Negligence (25)	Drugs (38) ( <i>if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential</i> )	Workplace Violence
Legal Malpractice	<b>Judicial Review</b>	Elder/Dependent Adult Abuse
Other Professional Malpractice ( <i>not medical or legal</i> )	Asset Forfeiture (05)	Election Contest
Other Non-PI/PD/WD Tort (35)	Petition Re: Arbitration Award (11)	Petition for Name Change
<b>Employment</b>	Writ of Mandate (02)	Petition for Relief from Late Claim
Wrongful Termination (36)	Writ-Administrative Mandamus	Other Civil Petition
Other Employment (15)	Writ-Mandamus on Limited Court Case Matter	
	Writ-Other Limited Court Case Review	
	Other Judicial Review (39)	
	Review of Health Officer Order	
	Notice of Appeal-Labor Commissioner Appeals	

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <b>Pat Ann Sample</b> FIRM NAME: STREET ADDRESS: <b>1234 Main Street</b> CITY: <b>San Luis Obispo</b> STATE: <b>CA</b> ZIP CODE: <b>93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Petitioner in Pro Per</b>	
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PETITION OF (name of each petitioner): <b>Pat Ann Sample</b>  <div style="text-align: right;">FOR CHANGE OF NAME</div>	
<b>DECREE CHANGING NAME</b>	CASE NUMBER:

1. The petition was duly considered:
- a.  at the hearing on (date): \_\_\_\_\_ in Courtroom: \_\_\_\_\_ of the above-entitled court.
  - b.  without hearing.

**THE COURT FINDS**

2. a. All notices required by law have been given.
- b. Each person whose name is to be changed identified in item 3 below  
 is not  is required to register as a sex offender under section 290 of the Penal Code.  
 This determination was made (check one):  by using CLETS/CJIS  based on information provided to the clerk of the court by a local law enforcement agency.
- c.  No objections to the proposed change of name were made.
- d.  Objections to the proposed change of name were made by (name): \_\_\_\_\_
- e. It appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.
- f.  Other findings (if any): \_\_\_\_\_

**THE COURT ORDERS**

3. The name of
- |                          |               |                            |
|--------------------------|---------------|----------------------------|
| <u>Present name</u>      |               | <u>New name</u>            |
| a. <b>Pat Ann Sample</b> | is changed to | <b>Billy Robert Sample</b> |
| b.                       | is changed to |                            |
| c.                       | is changed to |                            |
| d.                       | is changed to |                            |

Additional name changes are listed on Attachment 3.

Date: \_\_\_\_\_

\_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT  
 SIGNATURE OF JUDGE FOLLOWS LAST ATTACHMENT



# FW-001 Request to Waive Court Fees

**CONFIDENTIAL**

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive 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.

Fill in court name and street address:

Superior Court of California, County of  
**San Luis Obispo**  
1035 Palm Street, Room 385  
  
San Luis Obispo, CA 93408

Fill in case number and name:

Case Number:  
  
Case Name:  
**Petition of: Pat Ann Sample**

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

Name: Pat Ann Sample  
Street or mailing address: 1234 Main Street  
City: San Luis Obispo State: CA Zip: 93401  
Phone: (805) 555-1234

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

Name of employer: Costco  
Employer's address: 572 Higuera Street, San Luis Obispo, CA

**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* (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; see form FW-001-INFO for definitions):  Food Stamps  Supp. Sec. Inc.  
 SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  CalWORKS or Tribal TANF  CAPI
- 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 \$450.00 for each extra person.
1	\$1,264.59	3	\$2,164.59	5	\$3,064.59	
2	\$1,714.59	4	\$2,614.59	6	\$3,514.59	

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 and you **must** fill out page 2):

- waive all court fees and costs  waive some of the court fees  
 let me make payments over time

**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: 3/5/2009

Pat Ann Sample  
Print your name here

Pat Ann Sample  
Sign here



Your name: Pat Ann Sample

Case Number: \_\_\_\_\_

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. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income  
a. List the source and amount of any income you get each month, including: wages or other income from work before deductions, 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) Wages \$ 1,000  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
b. Your total monthly income: \$ 1,000

9 Household Income  
a. List the income of all other persons living in your home 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: \$ 0  
Total monthly income and household income (8b plus 9b): \$ 1,000

10 Your Money and Property  
a. Cash \$ \_\_\_\_\_  
b. All financial accounts (List bank name and amount):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
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) _____	\$ _____	\$ _____

  
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):  

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

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

Total monthly expenses (add 11a-11n above): \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, 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.



**FW-003** Order on Court Fee Waiver  
(Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:  
Name: Pat Ann Sample  
Street or mailing address: 1234 Main Street  
City: San Luis Obispo State: CA Zip: 93401

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  
**San Luis Obispo**  
1035 Palm Street, Room 385  
  
San Luis Obispo, CA 93408

Fill in case number and name:  
Case Number:  
  
Case Name:  
**Petition of: Pat Ann Sample**

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:  Request to Waive Court Fees  Request to Waive Additional Court Fees  
the court makes the following orders:  
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. and 8.818.) You do not have to pay the court fees for the following:  
• Filing papers in Superior Court • Giving notice and certificates  
• Making copies and certifying copies • Sending papers to another court department  
• Sheriff's fee to give notice • Court-appointed interpreter in small claims court  
• Court fee for phone hearing  
• Reporter's fee for attendance at hearing or trial, if reporter provided by the court  
• Assessment for court investigations under Probate Code section 1513, 1826, or 1851  
• Preparing, certifying, copying, and sending the clerk's transcript on appeal  
• Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834  
• Making a transcript or copy of an official electronic recording under rule 8.835  
(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  
 Other (specify): \_\_\_\_\_

Your name: Pat Ann Sample

Case Number: \_\_\_\_\_

b.  The court **denies** your fee waiver 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 of service on next page) 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 of service below) to:

- Pay your fees and costs in full or the amount listed in c. below, 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: \_\_\_\_\_

Name and address of court if different from above: \_\_\_\_\_

**Hearing Date** → Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**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

**This is a Court Order.**