

Response to Petition to Determine Parental Relationship OR Petition for Custody & Support General Overview of Process

1	COMPLETE PAPERS & MAKE COPIES	<p>Complete the following forms within 30 days from the date you were given the FL-200 Petition to Establish Parental Relationship or FL-260 Petition for Custody and Support:</p> <ul style="list-style-type: none"> • Response <ul style="list-style-type: none"> ○ FL-220 Response if responding to FL-200 Petition to Determine Parental Relationship OR ○ FL-270 Response if responding to FL-260 Petition for Custody and Support • FL-311 Custody Visitation Attachment (optional) • FL-105 UCCJEA • FW-001 Request to Waive Court Fees • FW-003 Order on Court Fee Waiver <p>Make 2 copies of all completed original documents. Original is for the Court, one copy is for you and the other copy is for the other party.</p>		
2	MAIL COPY TO OTHER PARTY & COMPLETE PROOF OF SERVICE	<p>Someone who is 18 years or older must mail to the other party a copy of the completed documents listed above; you cannot mail or deliver the documents. The legal papers should be mailed to the address listed on the other party's legal papers. The person who mailed the documents to the other party must sign and complete an FL-335 Proof of Service by Mail.</p>		
3	FILE ORIGINALS	<p>The following options exist to file your forms: <input type="checkbox"/> eFile <input type="checkbox"/> Drop box <input type="checkbox"/> Mail <input type="checkbox"/> In Person Monday through Friday 8:30 am-12:00 pm.</p> <p>If you eFile, the Court will email you a copy of the filed forms.</p> <p>If you use the drop box, mail or in person option, you must file the originals listed in Step 1 and Step 2 with 1 copy and a self-addressed stamped envelope. If you prefer that the Court email you a copy of the filed forms, then you must file only the original forms along with a completed Electronic Consent Form so the Court may email you a filed copy of your forms.</p> <p>You must also pay the filing fee if you did not request a fee waiver.</p>		
4	PARENTING CLASS	<p>If you have minor kids, you must complete the online parenting class that deals with the impact of divorce on kids. The class is free. Sign up at http://parenting.familieschange.ca.gov/.</p>		
5	DECIDE HOW TO PROCEED WITH YOUR CASE	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. Uncontested: If you and the other party agree on all the issues in your case including child custody, visitation and child support then you may proceed as an uncontested matter. You will need to prepare a Stipulated Judgment and sign it in front of a notary.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>B. Trial: If you and the other party do not agree on all the issues in your case then you will need to schedule a trial date so that the judge can decide all the issues including child custody, visitation and child support. Before your trial date, if there are minor children, you must also schedule a child custody and visitation mediation appointment by calling (805) 706-3608.</p> </td> </tr> </table>	<p>A. Uncontested: If you and the other party agree on all the issues in your case including child custody, visitation and child support then you may proceed as an uncontested matter. You will need to prepare a Stipulated Judgment and sign it in front of a notary.</p>	<p>B. Trial: If you and the other party do not agree on all the issues in your case then you will need to schedule a trial date so that the judge can decide all the issues including child custody, visitation and child support. Before your trial date, if there are minor children, you must also schedule a child custody and visitation mediation appointment by calling (805) 706-3608.</p>
<p>A. Uncontested: If you and the other party agree on all the issues in your case including child custody, visitation and child support then you may proceed as an uncontested matter. You will need to prepare a Stipulated Judgment and sign it in front of a notary.</p>	<p>B. Trial: If you and the other party do not agree on all the issues in your case then you will need to schedule a trial date so that the judge can decide all the issues including child custody, visitation and child support. Before your trial date, if there are minor children, you must also schedule a child custody and visitation mediation appointment by calling (805) 706-3608.</p>			
6	PREPARE YOUR FINAL JUDGMENT	<p>You will need to prepare your final judgment along with other necessary documents. When the judge signs your final judgment, your case will be finalized.</p>		

COMPLETE FORMS:

An FL-220 or FL-270 Response must be completed and filed within 30 days from the date you were served with a copy of the FL-200 Petition to Establish Parental Relationship or FL-260 Petition for Custody and Support. If you do not file a Response within 30 days, the other side may move the case forward without you. If it has been more than 30 days since you were served, you still may be able to file your Response, so long as the other side has not yet filed the FL-165 Request to Enter Default.

WHERE TO GET HELP:

Self-Help Center: To schedule a telephone appointment for a document review or to register for our Zoom webinar go to <https://calendly.com/self-help-center/> or call (805) 706-3617. Visit the California Courts Self-Help website for more information about [FL-220](#) or [FL-270](#) Response at <https://www.courts.ca.gov/1192.htm> or <https://www.courts.ca.gov/1203.htm>.

WHERE TO GET FORMS:

Internet: For free, click on the hyperlinks in these instructions or go to www.courts.ca.gov, click on "Forms & Rules" and then click on "Find Your Court Forms" and type in the form number or name.

Court Clerk's Office: For \$5, you may purchase a packet of blank forms.

COSTS INVOLVED: \$435 filing fee for filing the FL-220 or FL-270 Response. If you cannot afford to pay the filing fee, you may request for a fee waiver by completing the following forms:

[FW-001](#) Request to Waive Court Fees

[FW-003](#) Order on Court Fee Waiver

HELPFUL TIPS:

Petitioner & Respondent - If you are filing the FL-220 or FL-270 Response you will always be the Respondent in this case and the other party will be called the Petitioner.

The forms may be typed or handwritten in blue or black ink.

Legal Custody: Legal custody deals with the parents' right to make the decisions relating to the child's health, education and welfare. One or both parents can have legal custody. If both parents are making decisions about the child it is called joint legal custody.

Physical Custody: Physical custody deals with the days and times that the child will spend with each parent. If the child primarily lives with one parent it is called physical custody. If you are requesting that both parents spend a substantial period of time with the child, it is called Joint Physical Custody.

Visitation: Visitation is the time that the child spends with the parent the child does not primarily live with. The options are (1) Reasonable Visitation (2) Specific Visitation Schedule (3) Supervised Visitation.

Child Support: To determine the amount of guideline child support that the Court may order in your case, visit www.childsupport.ca.gov and click on Calculate Child Support.

Notice of Related Case: If another cases exists that involves the same parties and issues like child custody, support or restraining orders then a [CM-015](#) Notice of Related Case should be filed.

Update Contact Information: Parties must serve and file [MC-040](#) Notice of Change of Address or Other Contact Information to keep each other and the court informed of their contact information.

Request for Status Conference: Parties may serve and file local form [FL014](#) Request for Status Conference or Family Centered Case Resolution Conference to request a conference earlier than or in addition to any conference scheduled by the court.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: Sam Example FIRM NAME: STREET ADDRESS: 400 Main Street CITY: San Luis Obispo STATE: CA ZIP CODE: 93401 TELEPHONE NO.: (805) 555-4121 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Respondent in Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1050 Monterey St. Room 220 MAILING ADDRESS: 1035 Palm St. Room 385 CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER: Pat Sample RESPONDENT: Sam Example	
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: FL128077
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

1. I am the respondent. The petitioner and I are the parents of the following minor children:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
Jamie Example	4/5/2008	4
Dena Example	3/2/2012	2

continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. I am married to the petitioner, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Petitioner and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. Petitioner and I have legally adopted a child together.
- d. Petitioner and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

3. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

4. **Child custody and visitation (parenting time)**. I request the following orders:

- | | Petitioner | Respondent | Joint | Other |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Legal custody of children to: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation (parenting time) of children with: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is (specify): | | | | |

The proposed schedule for visitation (parenting time) is as follows:

See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER: Pat Sample RESPONDENT: Sam Example	CASE NUMBER: FL128077
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4. e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.
- i. I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

Continued on Attachment 4h.

j. Other (*specify*):

5. **Fees and cost of litigation**

- a. Attorney fees will be paid by petitioner respondent.
- b. Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **4/15/22**

Sam Example _____
 (TYPE OR PRINT NAME)

▶ *Sam Example* _____
 (SIGNATURE OF RESPONDENT)

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER/PLAINTIFF: Pat Sample	CASE NUMBER: FL100045
RESPONDENT/DEFENDANT: Sam Example	

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO Petition, Response, Application for Order or Responsive Declaration Other (specify):
 To be ordered now and effective until the hearing

1. **Custody.** Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <small>(person who makes decisions about health, education, etc.)</small>	<u>Physical Custody to</u> <small>(person with whom the child lives)</small>
Sierra Sample	1/5/04	Sam Example & Pat Sample	Pat Sample

2. **Visitation.**

a. Reasonable right of visitation to the party without physical custody (not appropriate in cases involving domestic violence)

b. See the attached _____ -page document dated (specify date):

c. The parties will go to mediation at (specify location):

d. No visitation

e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date):**

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from **Friday** _____ at **4:00** _____ a.m. p.m.
(day of week) (time)

to **Sunday** _____ at **6:00** _____ a.m. p.m.
(day of week) (time)

(a) The parents will alternate the fifth weekends, with the petitioner respondent having the initial fifth weekend, which starts (date):

(b) The petitioner will have fifth weekends in odd even months.

(2) **Alternate weekends starting (date) :**

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date) :**

The petitioner respondent will have the children with him or her during the period

from **Wednesday** _____ at **4:00** _____ a.m. p.m.
(day of week) (time)

to **Wednesday** _____ at **7:30** _____ a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions):**

See Attachment 2e(4).



PETITIONER: Pat Sample	CASE NUMBER: FL100045
RESPONDENT: Sam Example	

3. **Supervised visitation.**

I request that *(name)*: _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by *(name)*: _____ who is a professional nonprofessional supervisor. The supervisor's phone number is *(specify)*: _____

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

4. **Transportation for visitation and place of exchange.**

- a. Transportation to the visits will be provided by *(name)*: **Sam Example**
- b. Transportation from the visits will be provided by *(name)*: **Sam Example**
- c. Drop-off of the children will be at *(address)*: _____
- d. Pick-up of the children will be at *(address)*: _____
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other *(specify)*: _____

5. **Travel with children.** The petitioner respondent other *(name)*: _____ must have written permission from the other parent or a court order to take the children out of
- a. the state of California.
 - b. the following counties *(specify)*: _____
 - c. other places *(specify)*: _____

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7. **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached form FL-341(C) other *(specify)*: _____

8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) other *(specify)*: _____

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) other *(specify)*: _____

10. **Other.** I request the following additional orders *(specify)*: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Sam Example 400 Main Street San Luis Obispo, Ca 93405 TELEPHONE NO.: 805-555-4121 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Respondent in Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
(This section applies only to family law cases.)	
PETITIONER: Pat Sample RESPONDENT: Sam Example OTHER PARTY:	
(This section applies only to guardianship cases.)	
GUARDIANSHIP OF (Name): Minor	CASE NUMBER: FL100045
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **1** minor children who are subject to this proceeding, as follows:
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name Sierra Sample	Place of birth San Luis Obispo	Date of birth 1/5/04	Sex Female
Period of residence Jan 6, 2005 to present	Address 1234 Hill Street, SLO, CA 93401 <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) Pat Sample, 1234 Hill Street, SLO, CA <input type="checkbox"/> Confidential	Relationship Mother
Period of residence Jan 2004 to Jan 5, 2005	Child's residence (City, State) 377 Osos Street, San Luis Obispo, CA	Person child lived with (name and complete current address) Pat Sample, 1234 Hill Street, SLO, CA 93401 Sam Example, 400 Main Street, SLO, CA 93401	Relationship Mother and Father
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)



SHORT TITLE: Sample and Example	CASE NUMBER: FL100045
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: **4/6/10**

Sam Example _____ **Sam Example** _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

**DECLARATION UNDER UNIFORM CHILD CUSTODY
 JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**



<p>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</p> <p>Sam Example</p> <p>400 Main Street San Luis Obispo, Ca 93405</p> <p>TELEPHONE NO.: 805-555-4121 FAX NO.:</p> <p>ATTORNEY FOR (Name): Respondent in Pro Per</p>	<p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo</p> <p>STREET ADDRESS: 1035 Palm Street, Room 385</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE: San Luis Obispo, CA 93408</p> <p>BRANCH NAME:</p>	
<p>PETITIONER/PLAINTIFF: Pat Sample</p> <p>RESPONDENT/DEFENDANT: Sam Example</p> <p>OTHER PARENT:</p>	
<p>PROOF OF SERVICE BY MAIL</p>	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

- I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
- My residence or business address is:
805 Los Osos Valley Rd.
San Luis Obispo, CA 93401
- I served a copy of the following documents (*specify*):
Response and UCCJEA

by enclosing them in an envelope AND

- depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- The envelope was addressed and mailed as follows:
 - Name of person served: **Pat Sample**
 - Address: **1234 Hill St.**
San Luis Obispo, CA 93401
 - Date mailed: **4/7/10**
 - Place of mailing (*city and state*): **San Luis Obispo, CA**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **4/7/10**

Fred Friend

(TYPE OR PRINT NAME)

Fred Friend

(SIGNATURE OF PERSON COMPLETING THIS FORM)

FW-001 Request to Waive Court Fees

CONFIDENTIAL

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:

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:
FL100045
Case Name:
Sample and Example

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

Name: **Sam Example**
Street or mailing address: **400 Main Street**

City: **San Luis Obispo** State: **CA** Zip: **93405**

Phone number: **(805) 555-4121**

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

Name of employer: **Costco**

Employer's address: **525 Higuera St. 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 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 \$389.59 for each extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

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: **4/6/10**

Sam Example
Print your name here

Sam Example
Sign here

Your name: **Sam Example**

Case Number:
FL100045

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): \$ **950**

List each payroll deduction and amount below:

(1) **Federal Taxes** \$ **10**

(2) **State Taxes** \$ **5**

(3) **SDI** \$ **4**

(4) _____ \$ _____

b. Total deductions (add 8a (1)-(4) above): \$ **19**

c. Total monthly take-home pay (8a minus 8b): \$ **931**

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): \$ **931**

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) _____	_____	_____	\$ 0
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ **0**

Total monthly income and household income (8e plus 9b): \$ **931**

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): \$ **0**

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: Sam Example
Street or mailing address: 400 Main Street
City: San Luis Obispo State: CA Zip: 93405

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 case name:

Case Number:
FL100045
Case Name:
Sample and Example

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



Your name: **Sam Example**

Case Number:
FL100045

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