

Clerk stamps date here when form is filed.

**1 Person who asked for the hearing:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 The court received your request for a hearing about your court fees on (date):** \_\_\_\_\_

Fill out 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.**

**4**  The court grants your request for a hearing on your eligibility for a fee waiver. **Go to your court hearing** on the date below. You may bring information about your financial situation to the hearing.

<b>Hearing Date</b> →	Date: _____	Time: _____	Name and address of court if different from above: _____
	Dept.: _____	Rm.: _____	

- 5**  The court **denies** your request for a hearing because (check all that apply):
- a.  The hearing request was not filed within ten days after the clerk gave notice of the denial of the request for a fee waiver. (Government Code section 68634(g).)
  - b.  No request to waive fees has been denied by the court in your action.
  - c.  Other (explain): \_\_\_\_\_

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 five days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410.

**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 notice to the party and attorney, if any, listed in 1 and 2, at the court, on the date below.
- This notice 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