

*Clerk stamps date here when form is filed*

**1 Your Information** *(person who asked the court to waive court fees):*  
Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**2 Your lawyer**, if you have one *(name, address, phone number, e-mail, and State Bar number):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 Date of order** denying your request to waive court fees  
*(month/day/year):* \_\_\_\_\_  
 *(Check here if you have a copy of the order denying your request, and attach it to this form.)*

*Fill in court name and street address:*  
**Superior Court of California, County of**

*Fill in case number and case name:*  
**Case Number:**  
\_\_\_\_\_  
**Case Name:**  
\_\_\_\_\_

**4** I ask the court for a hearing on my fee waiver request so that I can bring more information about my financial situation.

**5**  The additional facts that support my request for a fee waiver are *(describe):*  
*(Use this space if you want to tell the court in advance what facts you want considered at the hearing. If the space below is not enough, attach form MC-025. Or attach a sheet of paper and write Additional Facts and your name and case number at the top. You may also attach copies of documents you want the court to look at.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*Print your name here*



**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.