

Notice to Appear for Reconsideration of Fee Waiver

Clerk stamps date here when form is filed.

Warning: If you do not go to the hearing on the date and time below, the court may cancel your fee waiver.

1 Name of person who asked the court to waive court fees:

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 The court has information that (check all that apply):

a. Your financial situation may have changed, or you may no longer be eligible for a fee waiver because (explain): _____

b. You may be increasing the costs of your case unnecessarily. The fee waiver for the court services you are using may be limited because (explain): _____

c. Your case is coming to an end, and the court requires some information about your eligibility to have your court fees waived.

4 You must go to court on the date below:

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

Bring the following information if reasonably available: _____

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. (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 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