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|-----------------------------------|--|
| Food Stamp Program                | Notice of Action or<br>Food Stamp ID Card or<br>"Passport to Services" |
| General Relief/General Assistance | Notice of Action or<br>Copy of Check Stub or<br>County Voucher         |

| NUMBER IN FAMILY | FAMILY INCOME |
|------------------|---------------|
| 1                | \$ 1,028.83   |
| 2                | 1,375.00      |
| 3                | 1,729.16      |
| 4                | 2,083.33      |
| 5                | 2,437.50      |

| NUMBER IN FAMILY | FAMILY INCOME |
|------------------|---------------|
| 6                | \$ 2,791.66   |
| 7                | 3,145.83      |
| 8                | 3,500.00      |
| Each additional  | 354.46        |

**INFORMATION SHEET ON  
WAIVER OF COURT FEES AND  
COSTS (California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1 You are receiving **financial assistance** under one or more of the following programs and SSP (Supplemental Security Income and State Supplemental Payments

- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G. R.), or General Assistance

(You) are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

| PROGRA                                   | VERIFICATIO  |
|--|--|
| M<br><br>SSI/SSP                         | N<br>Medi-Cal Card or<br>Notice of Planned Action or<br>SSI Computer-Generated Printout or<br>Bank Statement Showing SSI Deposit or<br>"Passport to Services"                  |
| CaWORKs/TANF<br>(formerly known as AFDC) | Medi-Cal Card<br>Notice of Action<br>Income and Eligibility Verification Form or<br>Monthly Reporting Form or<br>Electronic Benefit Transfer Card or<br>"Passport to Services" |

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and

**To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.**

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.