

MIỄN PHÍ



**LEGAL AID
FOUNDATION**
OF LOS ANGELES

Hướng Dẫn Cách Thực Hiện

Self-Help Legal Access Centers

Santa Monica

1725 Main St.,
Room 210

Santa Monica, CA 90401

Inglewood

1 East Regent St.,
Room 107

Inglewood, CA 90301

Torrance

825 Maple Ave.,
Room 160

Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101

Long Beach, CA 90802

July 2025

Hướng dẫn này được thiết kế để giúp bạn tự điền vào các biểu mẫu. Hướng dẫn này không nhằm mục đích cung cấp tư vấn pháp lý hoặc chiến lược về cách hoàn thành vụ kiện. Thông tin được cung cấp trong gói này chỉ trình bày các tùy chọn và ví dụ. Đây không phải là sự thay thế cho tư vấn pháp lý chuyên nghiệp từ luật sư.

**Vui lòng đánh máy hoặc viết chữ in hoa
bằng mực đen.**

W

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive 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.

Fill in court name and street address:

Superior Court of California, County of
In "Los Angeles"

In Địa chỉ Tòa án

Fill in case number and name:

Case Number:
In số hồ sơ của bạn, nếu bạn có

Case Name:
In Họ của Người nộp đơn v. Họ của Bị đơn

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

Name: _____

Street or _____

City: _____

Phone: _____

In thông tin địa chỉ của bạn vào các
khoảng trống được cung cấp.

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

Name of employer: _____

Employer's address: _____

Bao gồm thông tin về công việc của bạn,
nếu có.

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 the court fees.
b. (If yes, your lawyer must sign here) Lawyer's signature: _____
If your lawyer is not providing legal-aid type services, explain why you are asking the court to waive your fees: _____

Trong câu hỏi 5, hãy đánh dấu a, b hoặc c.

4 What court's fees or costs are you asking to be waived?

- ☒ Superior Court (See Information Sheet on Waiver of Court Fees)
☐ Supreme Court, Court of Appeal, or Appellate Division
Appellate Court Fees (form APP-015/FW-015-IN)

CHỈ ĐÁNH DẤU MỘT TRONG NHỮNG CÂU
NÀY!

5 Why are you asking the court to waive your court fees?

- a. ☐ I receive (check all that apply; see form FW-001):
☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ CalWORKS or Tribal TANF ☐ CAPI

Đánh dấu a nếu bạn nhận được trợ cấp của
chính phủ và đánh dấu loại trợ cấp bạn nhận
được. (Không đánh dấu nếu bạn nhận được trợ
cấp hưu trí An sinh xã hội, SSDI, Medicare, trợ
cấp chăm sóc nuôi dưỡng hoặc IHSS nếu bạn là
người chăm sóc)

- 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 \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

- 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 and you must fill out page 2):

☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

- 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: _____ Ngày _____

In chữ tên

Print your name here



Ký tên

Sign here



Your name: **In tên đầy đủ của bạn**

Case Number:

In số hồ sơ của bạn, nếu bạn có

Đánh dấu vào ô này nếu thu nhập của bạn thay đổi theo từng

1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only.

st fill out this entire page. If you need more space, attach form MC-025 or attach a

Nếu bạn đánh dấu "a" ở trang đầu rằng bạn nhận được trợ cấp của chính phủ, KHÔNG trả lời các câu hỏi 7, 8, 9, 10 và 11 trên trang này.

Nếu bạn đánh dấu "b", CHỈ điền 7, 8 và 9. Để trống phần bên phải của biểu mẫu.

Nếu bạn đánh dấu "c", bạn PHẢI điền toàn bộ biểu mẫu.

7 ☐ Check here if your income changes
If it does, complete the form based on the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, 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) In nguồn thu nhập và số tiền ở đây. Tổng cộng các giá trị trong 8 (b).

b. Your total monthly income: \$

9 Household Income

a. List the income of all other persons living in your home 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)			\$
(2)			\$
(3)			\$
(4)			\$

b. Total monthly income of persons above: \$

Total monthly income and (8b plus 9b): \$

Liệt kê những người sống cùng bạn cung cấp hỗ trợ tài chính cho bạn hoặc những người bạn hỗ trợ tài chính. Bao gồm cả con cái của bạn ngay cả khi chúng không có bất kỳ thu nhập nào. Chỉ liệt kê những người bạn cùng nhà giúp bạn về mặt tài chính.

Bao gồm thu nhập của họ và viết tổng thu nhập hộ gia đình.

In Tổng cộng 8b cộng 9b.

(2) \$
(3) \$

c. Liệt kê nguồn thu nhập và mọi giá trị trong đoạn 10.

(3) \$ \$
d. Real estate Address Fair Market Value How Much You Still Owe
(1) \$ \$
(2) \$ \$

e. Other person's stocks, bonds Described How Much You Still Owe
(1) \$ \$
(2) \$ \$

Giá trị thị trường hợp lý là giá trị hiện tại của mặt hàng, không phải là số tiền bạn đã trả cho nó.

Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

(1) \$
(2) \$
(3) \$
(4) \$

b. Rent or house payment & maintenance \$
c. Food and household supplies \$
d. Utilities and telephone \$
e. Clothing \$
f. Laundry and cleaning \$
g. Medical and dental expenses \$
h. Insurance (life, health, accident, etc.) \$
i. School, child care \$
j. Child, spousal support (another marriage) \$
k. Transportation, gas, auto repair and insurance \$

l. Installment payments (list each below):

Paid to:
(1) \$
(2) \$
(3) \$

Tổng cộng chi tiêu và số tiền viết tại đây.

m. Wages/earnings \$

n. Any other monthly expenses (list each below):

Paid to: How Much?
(1) \$
(2) \$
(3) \$

Total monthly expenses (add 11a – 11n above): \$

To list any other facts you want the court to know, such as unusual medical expenses, 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.

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: IN TÊN CỦA BẠN
Street or mailing address: IN ĐỊA CHỈ CỦA BẠN
City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):
IN "TƯ ĐẠI DIỆN"

Fill in court name and street address:

Superior Court of California, County of

In "LOS ANGELES"

In Địa chỉ Tòa án

3 A request to waive court fees was filed on (date): IN NGÀY

☐ The court made a previous fee waiver order in this case on (date): _____

Fill in case number and name:

In số hồ sơ của bạn, nếu bạn có

In Họ của Người nộp đơn v. Họ của Bị đơn kiện v. Họ của Bị đơn

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: ☒ 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 and 8.818.) 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 fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
 - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal
 - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
 - Making a transcript or copy of an official electronic recording under rule 8.835
 - Court fee for phone hearing
 - Giving notice and certificates
 - Sending papers to another court department
- (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 a peace officer to testify in court
☐ Fees for court-appointed experts ☐ Court-appointed interpreter fees for a witness
☐ Other (specify): _____

Your name: IN TÊN CỦA BẠN

Case Number:

In số hồ sơ của bạn, nếu bạn có

- b. ☐ The court **denies** your fee waiver request because:

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) ☐ Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:

☐ Below ☐ On Attachment 4b(1)

- (2) ☐ The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: ☐ Below ☐ On Attachment 4b(2)

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 of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. (1) ☐ The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

☐ Below ☐ On Attachment 4c(1)

- (2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:

☐ Below ☐ On Attachment 4c(2)

This is a Court Order.

Your name: IN TÊN CỦA BẠN

Case Number:

In số hồ sơ của bạn, nếu bạn có

Name and address of court if different from above:

Hearing
Date

→ Date: _____ Time: _____

Dept.: _____ Room: _____

Warning! If item c(1) 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 five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

☐ 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.

☐ A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy

Name: _____

This is a Court Order.