

**IN THE WILTON RANCHERIA COURTS  
WILTON RANCHERIA**

<b>REQUEST TO WAIVE COURT FEES</b>	
<b>Your Contact Information</b> Name:  Email:  Address:  Phone:  Attorney (if applicable):	<b>[COURT USE ONLY]</b> <b>CASE NO:</b>  <b>CASE NAME:</b>  <b>Party 1/Petitioner:</b>  <b>Party 2/Respondent:</b>
<b>PLEASE PRINT CLEARLY USING BLUE OR BLACK INK AND COMPLETE EACH SECTION TO THE BEST OF YOUR ABILITY. BE SURE TO SIGN THIS FORM.</b>	

I, \_\_\_\_\_,  Party 1, OR  Party 2, am requesting  
*Your Name*  
the Court to waive all fees charged by the Court for the above-entitled action because payment of these fees would be a financial hardship.

1. My employment status is:  Employed full time       Employed part time  
 Unemployed       Disabled and unable to work  
 Other \_\_\_\_\_  
 TANF, Food Stamps (See state form)

2. I am responsible for the following expenses for my household:
- |  |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Rent/Mortgage | <input type="checkbox"/> Utilities | <input type="checkbox"/> Groceries  |
| <input type="checkbox"/> Car/Vehicle   | <input type="checkbox"/> Day Care  | <input type="checkbox"/> Elder Care |
| <input type="checkbox"/> Other _____   |                                    |                                     |

3. I receive (check all that apply):
- |                                      |                                      |                                   |
|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tribal TANF | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> IHSS        | <input type="checkbox"/> CalWORKS    | <input type="checkbox"/> SSI      |

4. My monthly income from all sources is: \$ \_\_\_\_\_

5. My monthly expenses are: \$ \_\_\_\_\_

6. Other information I would like the Court to take into consideration in support of this request:

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*I certify, under penalty of perjury under the laws of the Wilton Rancheria and the State of California, that the foregoing statement is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date