



**Request to Waive Penal Code section  
1203.4 Administrative Costs -  
CONFIDENTIAL FINANCIAL DECLARATION**

(FOR COURT USE ONLY)

**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 costs, you may use this form to ask the court to waive your court costs. You must completely fill in all of the requested information.**

<b>YOUR NAME:</b>		<b>Case Number:</b>	
<b>ADDRESS:</b>			
<b>PHONE NUMBER:</b>			

<b>YOUR JOB, if you have one (<i>job title</i>):</b>	
<b>NAME OF EMPLOYER:</b>	
<b>EMPLOYER'S ADDRESS:</b>	

**1. WHY ARE YOU ASKING THE COURT TO WAIVE YOUR COURT COSTS?**

- a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions):
- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Food Stamps                | <input type="checkbox"/> Supp Sec. Inc. | <input type="checkbox"/> SSP                     | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> County Relief/Gen. Assist. | <input type="checkbox"/> IHSS           | <input type="checkbox"/> CalWORKS or Tribal TANF | <input type="checkbox"/> CAPI     |
- b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below and I do not have enough income to pay for my household's basic needs and court costs.  
(If this item is checked you must fill out section 2 of this form.)

FAMILY SIZE	FAMILY INCOME	FAMILY SIZE	FAMILY INCOME	FAMILY SIZE	FAMILY INCOME	If more than 6 people at home, add \$786.67 for each extra person.
1	\$2,265.00	3	\$3,838.34	5	\$5,411.67	
2	\$3,051.67	4	\$4,625.00	6	\$6,198.34	

Complete the information on page 2 if you selected item 1b above. You **must** fill out the entire section. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

**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:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
**Print your name here:** \_\_\_\_\_

**2. INCOME, EXPENSE & HOUSEHOLD INFORMATION****a. YOUR GROSS MONTHLY INCOME**

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.	\$
2.	\$
3.	\$

**Your total monthly income:** \$ \_\_\_\_\_

**b. HOUSEHOLD INCOME**

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.	_____			\$ _____

**Your monthly income of persons above:** \$ \_\_\_\_\_

**Total monthly income and household income (section a. plus section b.)** \$ \_\_\_\_\_

**c. YOUR MONEY AND PROPERTY**

1.	CASH		\$ _____
2.	ALL FINANCIAL ACCOUNTS	BANK NAME	AMOUNT
		a.	\$ _____
		b.	\$ _____
		c.	\$ _____
3.	CARS, BOATS & OTHER VEHICLES	MAKE/YEAR	FAIR MARKET VALUE HOW MUCH YOU STILL OWE
		a.	\$ _____
		b.	\$ _____
		c.	\$ _____
4.	REAL ESTATE	ADDRESS	FAIR MARKET VALUE HOW MUCH YOU STILL OWE
		a.	\$ _____
		b.	\$ _____

5. OTHER PERSONAL PROPERTY (JEWELRY, FURNITURE, FURS, STOCKS, BONDS, ETC.)	DESCRIBE	FAIR MARKET VALUE	HOW MUCH DO YOU STILL OWE
		\$	\$
		\$	\$

**d. YOUR MONTHLY DEDUCTIONS AND EXPENSES**

1. List any payroll deductions and the monthly amount:	A.	\$
	B.	\$
	C.	\$
	D.	\$
2. Rent or house payment & maintenance		\$
3. Food and household supplies		\$
4. Utilities & telephone		\$
5. Clothing		\$
6. Laundry & cleaning		\$
7. Medical & dental expenses		\$
8. Insurance (life, health, accident, etc.)		\$
9. School, daycare		\$
10. Child, spousal support (another marriage)		\$
11. Transportation, gas, auto repair & insurance		\$
12. Installment payments (list each):	PAID TO:	
	A.	\$
	B.	\$
	C.	\$
13. Wages/earnings withheld by court order		\$
14. Any other monthly expenses (list each):	PAID TO:	
	A.	\$
	B.	\$
	C.	\$

**Your total monthly expenses:**

\$ \_\_\_\_\_