FW-003	Order on Court Fee Waiver (Superior Court)	Clerk stamps date here when form is filed.
	asked the court to waive court fees:	Superior Court of California, County of San Diego
Name: Michae		09/05/2023 at 02:26:47 PM
Street or maili	ing address: 128 E BWDY Unit 260	Clerk of the Superior Court
City: <u>New Yo</u>	ork State: NY Zip: 10002	By Pierce Jeffreys,Deputy Clerk
	erson in (1) has one (name, firm name, address, r, e-mail, and State Bar number):	
		Fill in court name and street address: Superior Court of California, County of
		San Diego
		330 W Broadway
		San Diego, CA 92101
A request to w	vaive court fees was filed on (date): 8/29/23	Fill in case number and name:
	made a previous fee waiver order in this case on (Case Number: 37-2023-00038663-CU-CC
		Case Name:
Notice: The court r fees. If this happens s a change in your notify the trial cour	nay order you to answer questions about your finan- s and you do not pay, the court can make you pay the financial circumstances during this case that increase t within five days. (Use form FW-010.) If you win y	te fees and also charge you collection fees. If there ses your ability to pay fees and costs, you must your case, the trial court may order the other side
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our name:		37-2023-0003-00-
b. 🔲 The	court denies your fee waiver request because:	
Wa	arning! If you miss the deadline below, the court cannot process your request for u filed with your original request. If the papers were a notice of appeal, the appeal	hearing or the court papers may be dismissed.
	ur request is incomplete. You have 10 days after the clerk gives notice of	
onn	next page) to:	
	 Pay your fees and costs, or File a new revised request that includes the incomplete items listed: 	
	\Box Below \Box On Attachment 4b(1)	
	The information you provided on the request shows that you are not elig requested for the reasons stated: \Box Below \Box On Attachment 4b(2)	-
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	 The court has enclosed a blank Request for Hearing About Court Fee We (form FW-006). You have 10 days after the clerk gives notice of this ord 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 hearing.) 	er (see date of service below) to
c. (1)	The court needs more information to decide whether to grant your request date on page 3. The hearing will be about the questions regarding your e Below	-
(2) 🗌	Bring the items of proof to support your request, if reasonably available, Below D n Attachment 4c(2)	, that are listed:
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Order on Court Fee Waiver (Superior Court)

name:		Case Number: 37-2023-00038663-CU-C
Hearing Date Date: Dept.:	Time: Room:	Name and address of court if different from above:
request to waive court fee	s, and you will have 10 days t	court on your hearing date, the judge will deny your to pay your fees. If you miss that deadline, the court cannot the papers were a notice of appeal, the appeal may be
request to waive court fee process the court papers y	s, and you will have 10 days t	to pay your fees. If you miss that deadline, the court cannot the papers were a notice of appeal, the appeal may be Judge Keri Katz

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.

\square	This order wa	as mailed first class, postage	paid, to the party and attorney, if any, at the	addresses listed in (1) and (2) ,
	from (city):	Returned via E-File	, California, on the date below.	0 0

📋 🛛 A certi	ficate o	of ma	iling	is	attached.
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Date: 9/8/23

	Plan	
Clerk, by	P. Jeffreys	, Deputy

Name:

This is a Court Order.