

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number E-MAIL ADDRESS ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110	
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT	
APPLICATION AND ORDER FOR FEE WAIVER FOR PETITION FOR DISMISSAL	
CASE NUMBER:	

CURRENT MONTHLY INCOME			MONTHLY EXPENSES	
	Client	Other (spouse)		
Monthly take home pay	\$	\$	Rent or house payment	
Social Security, pension, retirement	\$	\$	Food & Household Supplies	\$
CalWORKS	\$	\$	Utilities & Telephone	\$
Unemployment and/or Disability	\$	\$	Transportation Expenses	
Other Income	\$	\$	Out-of-Pocket Medical & Dental	\$
Total	\$	\$	Clothing & Laundry Expenses	\$
			Child Care	\$
			Total Monthly Payment (below)	\$
			Total	\$

MONTHLY EXPENSES CONTINUED (i.e car payments, credit cards, medical payments, other loans, Child/spousal support payment etc.)

Who do you owe?	Balance Owed	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Net difference (Income minus Expenses): \$

I certify that the foregoing is a complete and accurate statement of my financial situation and that I have no other additional income or assets whatsoever. You have my express permission to verify the information furnished. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____

Date _____

ORDER

- The \$60 cost for services rendered is imposed.
- The Court finds the defendant does not have the ability to pay for services rendered.

Date: _____

Judge