

CHERRY WAY DOCUMENT PREPARATION SERVICES

WAIVER OF COURT FILING FEES QUESTIONNAIRE	
Your Name: _____ Phone: (____) _____ Fax: (____) _____ E-Mail: _____	Request Date: _____ Date Needed: _____
1. Name of Person Requesting Filing Fee Waiver:	Name: _____
2. Occupation:	_____
3. Employer's Name and Business Address:	Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____
4. Spouses' Name:	Name: _____
5. Spouses' Occupation:	_____
6. Spouses' Employer Name and Business Address:	Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____
7. Are you receiving financial assistance? <i>*Note: Require disclosure of Social Security Number, benefits number(s), or benefits documentation.</i>	<input type="checkbox"/> Yes* <i>If yes, please specify:</i> <input type="checkbox"/> No <i>If no, answer questions 8-15:</i> <input type="checkbox"/> Social Security Income (SSI) <input type="checkbox"/> State Supplemental Payments Program (SSP) <input type="checkbox"/> AFDC <input type="checkbox"/> CalWORKS <input type="checkbox"/> Food Stamps <input type="checkbox"/> County Relief <input type="checkbox"/> General Relief <input type="checkbox"/> General Assistance
8. Do you have fluctuations in your monthly pay and/or experiencing a financial hardship?	<input type="checkbox"/> Yes <i>If yes, please specify:</i> <input type="checkbox"/> No <i>If no, it may be difficult to obtain waiver.</i> Monthly gross income before taxes: \$ _____ Monthly deductions: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____ Monthly take home pay: \$ _____
9. Do you receive other sources of income (i.e., spousal or child support, military allowances, unemployment, etc.)?	<input type="checkbox"/> Yes <i>If yes, please specify:</i> <input type="checkbox"/> No Additional Income: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____
10. Total monthly household income:	\$ _____

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11. Number of individuals living in house?	_____																														
12. List all individuals living in your home, including spouse, who you support or depend on your support.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Age</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Relationship</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Gross Monthly Income</u></th> </tr> </thead> <tbody> <tr> <td>(1) _____</td> <td style="text-align: center;">_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>(2) _____</td> <td style="text-align: center;">_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>(3) _____</td> <td style="text-align: center;">_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>(4) _____</td> <td style="text-align: center;">_____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gross Monthly Income</u>	(1) _____	_____	_____	\$ _____	(2) _____	_____	_____	\$ _____	(3) _____	_____	_____	\$ _____	(4) _____	_____	_____	\$ _____										
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15. Any additional facts to support fee waiver?	<p style="color: red; margin: 0;">Describe any unusual medical needs, recent family emergency expenses and/or other circumstances/expenses: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>																														