



YUROK TRIBAL COURT REQUEST FOR FEE WAIVER

1. Your Information

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

FOR COURT USE ONLY

2. Why are you asking the court to waive your court fees?

- a. I am currently receiving public benefits (Food Stamps, TANF, General Assistance, Medi-Cal, or other).
- b. My household income is less than the current federal poverty guidelines.
- c. I do not have enough income to pay for my household's basic needs and the court fees. Attach form *FL-150 Income and Expense Declaration*.

Court Case Number:

Case Name:

Attachments: _____

I declare under penalty of perjury that the foregoing is true and correct.

(date)

(Signature of Requestor)

ORDER REGARDING WAIVER OF FEES

1. **The court grants your request.** You do not need to pay the court fees associated with the Court File Number and Case Name listed above. You must tell the court within five days if your finances improve or if you become able to pay court fees during this case.
2. **The court denies your request** because of the following reason(s):

FOR COURT USE ONLY

Date

Signature of Judge