

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Melody Bloom 6200 Primrose Ave Los Angeles, CA 90068		FOR COURT USE ONLY
TELEPHONE NO.: (818)571-6000 FAX NO. (Optional): E-MAIL ADDRESS (Optional): bloommelody@yahoo.com ATTORNEY FOR (Name):		
NAME OF COURT: Los Angeles County Superior Court STREET ADDRESS: 111 North Hill St MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: County of Los Angeles central district		
PLAINTIFF/ PETITIONER: Antelope Valley Groundwater cases DEFENDANT/ RESPONDENT: Melody Bloom		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER: L-05-CV-049053

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am **not** able to pay any of the court fees and costs.  
b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):  
6200 Primrose Ave Los Angeles, CA 90068

3. a. My occupation, employer, and employer's address are (specify):  
Marriage, Family Therapist at Kaiser Permanente Hospital 4700 Sunset Blvd Los Angeles, CA 90027  
b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:  
a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs  
b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)  
c. ☐ **Food Stamps:** The Food Stamp Program  
d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**

- a. ☐ (Optional) My Medi-Cal number is (specify):  
b. ☐ (Optional) My social security number is (specify):  
- and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.  
[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☒ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: August 30, 2008

Melody Bloom

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

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Form Adopted for Mandatory Use  
Judicial Council of California  
FW-001 [Rev. July 1, 2007]

APPLICATION FOR WAIVER OF COURT FEES AND COSTS  
(Fee Waiver)

Government Code,  
§ 68511.3  
www.courtinfo.ca.gov

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www.FormsWorkflow.com