

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
ORDER TO PAY WAIVED COURT FEES AND COSTS (Superior Court)	CASE NUMBER:

1. This proceeding was heard as follows: Default or uncontested By declaration under Family Code section 2336
 Contested or Trial On the *Request for Order* filed (date): _____ by (party): _____
 Other (specify): _____
 on (date): _____ at (time): _____ in Dept.: _____ Room: _____
- a. by Judge (name): _____ Temporary Judge
 b. Petitioner present Attorney present (name): _____
 c. Respondent present Attorney present (name): _____
 d. Other present: _____ Attorney present (name): _____

2. THE COURT FINDS

- a. The court made an order waiving court fees and costs for Petitioner Respondent Other Parent/Party in this matter on (date): _____
- b. The court made an order for support payable by Petitioner Respondent Other Parent/Party to Petitioner Respondent Other Parent/Party on (date): _____
- c. The court entered a Judgment for support in the case on (date): _____
- d. After considering information in the court file and other evidence, Petitioner Respondent Other Parent/Party has the ability to pay all or part of the waived court fees and costs.

3. THE COURT ORDERS

- a. Petitioner Respondent Other Parent/Party must pay his or her own Petitioner's Respondent's Other Parent's/Party's previously waived court fees and costs totalling (specify): _____
- b. Payment be made:
- (1) \$ _____ per month until paid in full, beginning (date): _____
- (2) Within 10 days from the date of service of this *Order to Pay Waived Court Fees and Costs* (see attached *Proof of Service*).
- (3) After all current support and accrued support arrears have been paid (if ordered to pay the other party's waived court fees). (Gov. Code, § 68637(d).)
- (4) Other (specify): _____
- c. Payment be sent to (specify): _____

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

4. **NOTICE TO THE PERSON ORDERED TO PAY WAIVED COURT FEES AND COSTS** (*specify*):
- Petitioner
 Respondent
 Other Parent/Party (*name*):
- a. You are receiving this notice because the court ordered you to pay the initial fee waiver recipient's previously waived court fees and costs described on page 1 AND you were not present in court at the time the order was made or the judgment was entered.
 - b. You have the right to request a hearing to ask that the court set aside the order:

YOU HAVE AN OPPORTUNITY FOR A HEARING TO REQUEST THAT THE COURT SET ASIDE THE ORDER TO PAY WAIVED COURT FEES AND COSTS

To request a hearing, complete and file with the court clerk:

- (1) *Request for Order* ([form FL-300](#)); and
- (2) *Application to Set Aside Order to Pay Waived Court Fees—Attachment* ([form FL-337](#)).

The forms specified in item a must be completed and filed with the court clerk **within 30 days** from the date of service of this *Order to Pay Waived Court Fees and Costs* (see attached Proof of Service).

In addition, the party requesting the hearing must serve the other party with:

- (1) Copies of the documents in item a filed with the court; and
- (2) A **blank Responsive Declaration to Request for Order** ([form FL-320](#)).

You can obtain these forms from the clerk of the court, your county law library, or online at www.courts.ca.gov/forms.

5. If your request for hearing to set aside the order is filed with the court clerk within 30 days from the date you were served with this *Order to Pay Waived Court Fees and Costs*, the order will not be enforced until after the hearing.

WARNING: The court has ordered that you pay court fees and costs. If you do not pay the court fees and costs, the court can institute collection proceedings and charge you interest and a collection fee.

Date: _____

JUDICIAL OFFICER

