

**OFFICE USE ONLY**  
 Date Received:

**FW-MCLA001**

**Request to Waive MCLA Fees**

Fill in case number and name:

<b>Case Name:</b>	<b>Case Number:</b>
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If you are getting public benefits, are a person with low-income, or do not have enough income to pay for your household's basic needs and your mediation fees, you may use this form to ask the Mediation Center of Los Angeles ("MCLA") to waive your administrative fees and/or mediator's fee. MCLA requires you to answer questions about your finances. If MCLA waives the fees, you may still have to pay later if:

- You cannot give MCLA proof of your eligibility,
- Your financial situation improves during this case

**1 YOUR INFORMATION** (person asking MCLA to waive fee):

Full Legal Name: \_\_\_\_\_  
 Street or Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**2 YOUR JOB**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

**3 YOUR LAWYER:** if you have one (name, firm or affiliation, address, phone number, and State Bar number):

\_\_\_\_\_  
 \_\_\_\_\_  
 a. The lawyer has agreed to advance all or a portion of your fees and costs (check one): Yes \_\_\_\_\_ No \_\_\_\_\_  
 b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_  
 If your lawyer is not providing legal-aid type services based on your low income, you may have to explain why you are asking MCLA to waive the fees.

**4 What MCLA fees or costs are you asking to be waived?**

- MCLA Administrative fee of \$150  
 Mediator's fee for the first 3 hours

**5 Have you received an Order on Court Fee Waiver (FW003) from the Los Angeles Superior Court for this case?** Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, you must email a copy of the approval or denial form FW003 to info@referral-mcla.org*

**6 Why are you asking MCLA to waive your fees?**

- a.  I receive (check all that apply):  
 Food Stamps  Supp.Sec.Inc.  SSP  Medi-Cal  County Relief/Gen. Assist.  IHSS  
 CalWORKS or Tribal TANF  CAPI  WIC  Unemployment
- b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$856.67 for each extra person
1	\$2,430.00	3	\$4,143.34	5	\$5,856.67	
2	\$3,286.67	4	\$5,000.00	6	\$6,713.34	

- c.  I do not have enough income to pay for my household's basic needs *and* the mediation fees.

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 7  Check here if you asked the court or MCLA to waive your court fees for this case or any case in the last six months. Case Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

*(If your previous request is reasonably available, please attach it to this form and check here):*

- a. List the source and amount of any income you get each month, including: wages or other income from work before deductions,

### 8 Your Gross Monthly Income

Spousal/child support, retirement, social security, disability, Unemployment, military basic allowance for quarters (BAQ), Veterans payments, dividends, interest, trust income, annuities, Net business or rental income, reimbursement for job-related Expenses, gambling or lottery winnings, etc.

**Gross Monthly Income Total:** \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
 Print your name here

\_\_\_\_\_  
 Sign here