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| NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
| ATTORNEY FOR (Name): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES | | |
| COURTHOUSE ADDRESS: | | |
| PLAINTIFF: | | |
| DEFENDANT: | | |
| DECLARATION RE: WAIVED COURT FEES AND COSTS | | CASE NUMBER: |
| | | DEPARTMENT NUMBER: |

1. The court waived fees and costs in this action for (*name*): _____

2. _____ has been ordered to pay the waived fees & costs.
(Name)

3. The order requiring payment of waived fees and costs has been satisfied. [Gov. Code, § 68637 (b)(1) & (2)] (*check one*): Yes No If yes, attach proof of payment.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

(TYPE OR PRINT NAME ATTORNEY PARTY MAKING DECLARATION)



(SIGNATURE)