Government Claims Program Fee Waiver Request Packet

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 ▪ www.governmentclaims.ca.gov

Information and Instructions

Filing Fee for Government Claims Program

Beginning August 17, 2004, anyone wishing to file a government claim for money or damages against the state must pay a $25 filing fee unless the person qualifies for a fee waiver. (Gov. Code, § 905.2(b).)

To request a fee waiver, you must fill out the attached Affidavit for Waiver of Government Claims Filing Fee and Financial Information Form.

Step	*Instructions for filling out each step on the attached form. The form begins on page 3 of this packet.*
1	On the attached form, provide the full name of the person requesting the fee waiver.
2	Provide a daytime telephone number.
3	If you already have a claim number and you know what it is, write it in this space.
4	Provide complete contact information for your employer and your spouse's employer, if applicable.
5	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, provide your Inmate Identification Number, and skip to steps 23 and 24 and complete them.
6	Complete this section if you are receiving financial assistance under Supplemental Security Income (SSI), State Supplemental Payments Programs (SSPP), CalWORKS, food stamps, county relief, general relief (GR) or general assistance (GA). If you answered **yes** in this category check all types of assistance you get, then complete step 24. You are finished. If you checked **no**, continue to step 7.
7	Find the number of people in your household and check the box **only** if your total monthly household income is less than the amount shown. For instance, if there are five people in your household and the total monthly household income is less than $2,294.79 or less check **E**. If there are more than 8 people in your household, calculate the income limit by adding $331.25 for each additional person to the income level for an eight-person household. List the number of people in your household and total household income in **I.** **If you checked any box in this step, complete steps 9 through 15 then skip to step 24.**
8	If you cannot pay for the common items needed for daily life, such as food, shelter, medical care and personal safety for you and your household members, check yes in this category. **If you check yes to this question, fill in steps 9 through 24.**

9 What is your gross monthly pay, before any payroll deductions?

10 If your income changes each month, the amounts you report should be an average for the past twelve months.

11 Enter the number of persons living in your home who depend on you in whole or in part for support, or on whom you depend in whole or in part for support. List their name, age, relationship to you, and their monthly income in **A** through **F**.

12 List all other money you get each month. Specify the source and amount. Include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, workers' compensation, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings.

13 Add 12 **A** through **F** to find your **total other income** each month.

14 Add 9 (your gross monthly income) plus 13 (your total other income) to find your **total monthly income**.

15 Add 9 (your gross monthly income), plus 11 **A** through **F** (other household members' income) and 13 (your total other income) to find your **total gross monthly household income**.

16 List all your payroll deductions. Payroll deductions include items like state and federal taxes, social security (FICA), Medicare, health insurance and retirement contributions

17 Add 16 **A** through **H** to determine your **total monthly payroll deductions**.

18 Subtract 17 (total payroll deductions) from 9 (gross monthly pay) to find your **take home pay**.

19 Add 18 (your take home pay) to 13 (your total other income) to find your **net monthly income**.

20 List all the property you own or have an interest in. If you have other personal property such as jewelry, furniture, furs, stocks, or bonds, list them separately on another piece of paper.

21 List all your monthly expenses. Use additional paper if needed. In **J** specify what your installment payments are for, such as a credit card or bank loan. In **K** specify what the wage assignment, earnings withholding, or garnishment is for.

22 Add 21 **A** through **M** to determine your **monthly expenses**.

23 If you answer yes to this question, make sure that your name or your claim number is on each sheet you attach.

24 Sign and date the form in this space.

Mail this form to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R Street, 5th flr., Sacramento. Call the Government Claims Program at 1-800-955-0045 if you have any questions.

AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS FILING FEE AND FINANCIAL INFORMATION FORM

(Request for Permission to Proceed In Forma Pauperis)

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 ▪ www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

I request a fee waiver so that I do not have to pay the $25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.

Claimant Information

1		2	Tel:

Last name *First Name* *MI*

3	Claim Number (if known):	

Employment Information

4	My occupation:			
	My employer:			
	Employer's Mailing Address	*City*	*State*	*Zip*
	My spouse's or partner's employer:			
	Employer's Mailing Address	*City*	*State*	*Zip*
5	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23.			
	Inmate Identification Number:			

Financial Information

6	I am receiving financial assistance from one or more of the following programs.	☐ Yes ☐ No
	If no, proceed to step 7 If yes, check all that apply, then skip to step 24.	
	☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs	
	☐ CalWORKS: California Work Opportunity and Responsibility to Kids Act	
	☐ Food Stamps	
	☐ County Relief, General Relief (GR), or General Assistance (GA)	
7	Number in my household and my gross monthly household income, if it is the following amount or less:	

		Number	Monthly family income			Number	Monthly family income
A	☐	1	$969.79	F	☐	6	$2,626.04
B	☐	2	$1,301.04	G	☐	7	$2,957.29
C	☐	3	$1,632.29	H	☐	8	$3,288.54
D	☐	4	$1,963.54	I	☐	There are more than 8 people in my family Add $331.25 for each additional person.	
E	☐	5	$2,294.79			Number:	Total Income:

If you checked a box in step 7 A through I, complete steps 9 through 15. Then skip to step 24.

8	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee.	☐ Yes ☐ No
	If yes, fill in steps 9 through 24.	

Monthly Income and Expenses

9	My gross monthly pay is:	$	10	My income changes each month:	☐ *Yes* ☐ *No*
11	Number of persons living in my home:			12	Other money I get each month

	Name	Age	Relationship	Monthly Income		Source:	
A				$	A		$
B				$	B		$
C				$	C		$
D				$	D		$
E				$	E		$
F				$	F		$

15	My total gross monthly household income:	$ 0.00	13	Total other money:	$ 0.00
16	My payroll deductions are:		14	My monthly income:	$ 0.00

A		$	E		$
B		$	F		$
C		$	G		$
D		$	H		$

17	My total payroll deduction amount is:	$ 0.00		
18	My monthly take home pay is	$ 0.00	19	My net monthly income: $ 0.00

20 I own or have interest in the following property:

A	Cash	$	C	Cars, other vehicles, and boats (List make and year)			
B	Checking and savings (List banks):				Property	Value	Loan Balance
	1)	$		1)		$	$
	2)	$		2)		$	$
	3)	$		3)		$	$
	4)	$	D	Real estate (List addresses)			
				1)		$	$
				2)		$	$

21 My monthly expenses are:

A	Rent or house payment	$	J	Installment payments (specify)		
B	Food and household supplies	$		1)		$
C	Utilities and telephone	$		2)		$
D	Clothing	$		3)		$
E	Laundry and cleaning	$		Total installment payments:		$ 0.00
F	Medical and dental	$	K	Wage assignment or withholdings		$
G	Insurance	$	L	Spousal or child support		$
H	School, child care	$	M	Other:		
I	Transportation and auto expenses	$		1)		$
				2)		$
				Total other expenses:		$ 0.00

22	Total monthly expenses:	$ 0.00
23	I have attached other information that supports this application on a separate sheet.	☐ Yes ☐ No

Signature Section

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

Signature of Claimant	*Date*

Clear Form

Print Form