Fill in this information to identify your case:							
Debtor 1	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the Central District of California							
Case number (If known)							

Check if this is an amended filing

## Application for Waiver of the Appellate Filing Fee in a Chapter 7 Case

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

F	Part 1: Tell the Court About Y	our Family and Your F	Family's Income		
1.	What is the size of your family? Your family includes you, your spouse, and any dependents listed on <i>Schedule J: Your Expenses</i> (Official Form 106J).	Check all that apply: You Your spouse Your dependents	How many dependents?	Total number of p	veople
2.	Fill in your family's average monthly income. Include your spouse's income if your spouse is living with you, even if your spouse is not filing. Do not include your spouse's income if you are separated and your spouse is not filing with you.	value (if known) of any nor that you receive, such as fo Supplemental Nutrition Ass subsidies. If you have already filled on line 10 of that schedule.	spouse's income. Include the n-cash governmental assistance ood stamps (benefits under the sistance Program) or housing ut <i>Schedule I: Your Income,</i> see vernmental assistance that you <b>monthly net income</b>	You Your spouse Subtotal	That person's average monthly net income (take-home pay)         \$
3.	Do you receive non-cash governmental assistance?	<ul><li>No</li><li>Yes. Describe</li></ul>	Type of assistance		
4.	Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?	<ul> <li>No</li> <li>Yes. Explain</li> </ul>			
5.	Tell the court why you are unable to installments within 120 days. If you h circumstances that cause you to not be fee in installments, explain them.	ave some additional			

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central Distict of California.

Debtor 1						Case number	(if known)		
	First Name Middle Name	Last Nam	e						
Part 2: Tell the Court About Your Monthly Expenses									
6.	Estimate your average monthly expenses. Include amounts paid by any government assistance that you s reported on line 2.								
	If you have already filled out <i>Schedule J, Your Expenses</i> , copy line 22 from that form.								
	Do these expenses cover anyone who is not included in your family as reported in line 1?	<ul><li>No</li><li>Yes.</li></ul>	Identify who						
	Does anyone other than you regularly pay any of these expenses? If you have already filled out	<ul><li>No</li><li>Yes.</li></ul>	How much do	you regu	larly receive	e as contributions	? \$ mont	thly	
	Schedule I: Your Income, copy the total from line 11.								
	Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?	<ul><li>No</li><li>Yes.</li></ul>	Explain						
Ра	rt 3: Tell the Court About Ye	our Prope	erty						
lf	you have already filled out Schedule	e A/B: Prop	perty (Official	Form 10	6A/B) attacl	h copies to this	application and go	to Part 4.	
	How much cash do you have? Examples: Money you have in	Cash		¢					
	your wallet, in your home, and on hand when you file this application	Cash:		\$		_			
	Bank accounts and other deposits								
	of money?			Institu	tion name:			Amount:	
	of money? Examples: Checking, savings, money market, or other financial accounts; certificates of deposit;	Checking Savings a			tion name:			Amount:	
	of money? Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other	Savings a			tion name:			Amount:\$\$	
	of money? Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions,	Savings a Other fina	ccount:		tion name:			\$\$	
	of money? Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not	Savings a Other fina Other fina	ccount: ncial accounts: ncial accounts:	Institu	lion name:		Current value:	\$\$ \$\$	
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12.	of money? Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts. Your home? (if you own it outright or are purchasing it) Examples: House, condominium, manufactured home, or mobile home	Savings a Other fina Other fina Number	ccount: ncial accounts: ncial accounts:	Institu		ZIP Code	Amount you owe	\$\$ \$\$	
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Debtor	1 First Name Middle Name	Last Name Case number (if known)						
15. Ot	her assets?		the other assets:					
Do not include household items and clothing.					Current value: \$ Amount you owe \$ on liens:			
Ex or su ma se be pe	amples: Tax refunds, past due lump sum alimony, spousal pport, child support, aintenance, divorce or property ttlements, Social Security nefits, workers' compensation, rsonal injury recovery		es you the money or property?	How much \$ \$		paymen No	believe you will likely receive t in the next 180 days? Explain:	
s fi b	ave you paid anyone for ervices for this case, including lling out this application, the ankruptcy filing package, or the chedules?	D No	Whom did you pay? Check all that a         An attorney         A bankruptcy petition preparer, pa         Someone else	ralegal, or typir	-		How much did you pay? \$	
y S	ave you promised to pay or do ou expect to pay someone for ervices for your bankruptcy ase?	<ul><li>No</li><li>Yes.</li></ul>	<ul> <li>Whom do you expect to pay? Chec</li> <li>An attorney</li> <li>A bankruptcy petition preparer, pa</li> <li>Someone else</li> </ul>	How much do you expect to pay? \$				
y	as anyone paid someone on our behalf for services for this ase?	No Yes.	<ul> <li>Who was paid on your behalf? Check all that apply:</li> <li>An attorney</li> <li>A bankruptcy petition preparer, paralegal, or typing service</li> <li>Someone else</li> </ul>	Who paid? Check all the Parent Brother Friend Pastor Someo	nat apply: or sister or clergy		How much did someone else pay? \$	
	ave you filed for bankruptcy rithin the last 8 years?	No Yes.	District	When MM/ D	C D/ YYYY	case numb	er	
-	Ū		lare that I cannot afford to pay the fi					
×_	Signature of Debtor 1		Signature of Debtor 2					
D	MM / DD / YYYY		Date MM / DD / YYYY					

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central Distict of California.