

FEE WAIVER REQUEST

DGS ORIM 005 (Rev. 09/19)

CLAIMANT INFORMATION

FIRST NAME	LAST NAME
CLAIM NUMBER (IF KNOWN)	TELEPHONE NUMBER

If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance.

INMATE IDENTIFICATION NUMBER

FINANCIAL INFORMATION

I am receiving financial assistance from one or more of the following programs

- Supplemental Security Income (SSI) and State Supplemental Payments (SSP)
- California Work Opportunity and Responsibility to Kids (CalWORKS)
- CalFresh/SNAP (formerly Food Stamps)
- General Relief (GR) or General Assistance (GA)

Number of household members and monthly household income are within one of the categories below.

Number of Household Members	Maximum Monthly Household Income
1	\$1,012
2	\$1,372
3	\$1,732
4	\$2,092
5	\$2,452
6	\$2,812

For each additional household member beyond 6, add \$360 to the maximum monthly household income

CLAIMANT CERTIFICATION

I request a waiver of the \$25 fee to file a government claim. I declare under penalty of perjury, per Penal Code Section 72, that the information provided on this application is true and correct.

Signature	Date
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Department of General Services
Office of Risk and Insurance Management
Government Claims Program
PO Box 989052, MS 414
West Sacramento, CA 95798-9052

1-800-955-0045 - [File a Government Claim](#)

Department of General Services Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977, California Civil Code Sections 1798.17 & 1798.24 and the Federal Privacy Act (Public Law 93-579).

The Department of General Services (DGS), Office of Risk and Insurance Management (ORIM), is requesting the information specified on this form pursuant to Government Code section 905.2 (c)(2).

The principal purpose for requesting this data is to determine eligibility to waive the Government Claims Program claim filing fee. The information provided will/may be disclosed to a person, or to another agency where the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with California Civil Code Section 1798.25.

Individuals should not provide personal information that is not requested.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested to DGS, or if the information provided is deemed incomplete or unreadable, this may result in denial of filing fee waiver request.

Department Privacy Policy

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy (see [State Administrative Manual 5310-5310.7](#)). For more information on how we care for your personal information, please read the [DGS Privacy Policy](#).

Access to Your Information

ORIM is responsible for maintaining collected records and retaining them for 5 years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

DGS ORIM
Public Records Officer
707 3rd St., West Sacramento,
CA 95605 (916) 376-S300
