

# Fax

To: Record Review Unit,  
California Dept. of Justice

From:

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Fax: 916-227-1964

Pages: 4 (including cover)

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Re: Request for Fee Waiver

Date:

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Attention: Record Review Unit

Bureau of Criminal Identification and Information  
Attention: Record Review Unit  
P.O. Box 903417  
Sacramento, CA 94201-4170

Dear Record Review Unit,

Enclosed with this letter, please find a request for waiver of the fee for criminal history record and proof of public benefits.

Please send the Request for Live Scan form to the following address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

Sincerely,



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
P.O. BOX 903417  
SACRAMENTO, CA 94203-4170

APPLICATION AND DECLARATION FOR WAIVER OF FEE  
FOR OBTAINING CRIMINAL HISTORY RECORD

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my criminal history record without impairing my obligation to meet the common necessities of life.

I declare under the penalty of perjury that the forgoing is true and correct and was signed at \_\_\_\_\_, California, on \_\_\_\_\_, 20\_\_\_\_\_.

Attached is verification of proof of indigence as required by Penal Code Section 11123.

\_\_\_\_\_  
DECLARANT

*In order to have the \$25.00 processing fee waived, you must provide proof of indigence, such as:*

Letter from SSI or Social Security, showing amount of your grant or

Letter from Unemployment or Disability, showing amount of your grant or

Copy of a Medi-Cal card or Food Stamp card or

Copy of AFDC or General Assistance letter showing your monthly grant

and a signed Declaration of Indigence

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