

# **SAMPLE**

Guardianship Visitation

Rev. 8/22/2022

Use this packet to fill out  
your "BLANK" forms.

Do not file or write in this packet.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

**Your Full Legal Name****Your Street Address** Apt#**City State Zip****Phone #**

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self-Represented****SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara**STREET ADDRESS: **191 N. First Street**MAILING ADDRESS: **191 N. First Street**CITY AND ZIP CODE: **San Jose, CA 95113**BRANCH NAME: **Probate Courthouse - DTS**

FOR COURT USE ONLY

**SAMPLE  
ONLY**

**Do not write  
on this copy!**

 OF (Name) **Child(ren)'s Full Legal Name(s)** ESTATE

**(List all the children in the Guardianship case)**

NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

CA

**Write (PR) Case #**

This notice is required by law.

This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that (name) :  
(representative capacity, if any) :  
has filed (specify) :

**Petition for Visitation**

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)
3.  The petition includes an application for the independent exercise of powers by a guardian or conservator under  
 Probate Code section 2108  Probate Code section 2590.  
Powers requested are  specified below  specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date: \_\_\_\_\_ Time: \_\_\_\_\_  Dept.: **74**  Room: \_\_\_\_\_

b. Address of court  same as noted above  is (specify) : **Family Justice Center Courthouse  
201 N. First Street  
San Jose, CA 95113**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



OF **Child(ren)'s Full Legal Name(s)**  
**(List all the children in the Guardianship case)**

ESTATE  
CONSERVATORSHIP

CASE NUMBER:  
**Leave Blank**

**NOTE:\***

A copy of this *Notice of Hearing* has a right under the law to be notified. Copies of this Notice may be served personally served on certain persons in guardianships and conservatorships **either service by mail or personally** allows. The petitioner does this by which the petitioner then files with the court. This page contains a proof of service performed the server must complete attached to this Notice when it is filed.

**This is a proof of service for the parents, Current Guardian, Minor Child(ren) (12+ years old), Grandparents (maternal/paternal), half-brother/sisters (12+ years old). They will need to be mailed a copy of these forms.**  
  
**The Server will fill out the bottom of this form (not you).**

\* (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing-Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)

**PROOF OF SERVICE BY MAIL**

1. I am over the age of 18 and not a party to this case in the County of \_\_\_\_\_ county where the mailing occurred.  
2. My residence or business address is (specify) : **Server's Street Address**  
**City, State, Zip Code**

3. I served the foregoing *Notice of Hearing-Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND  
a.  **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.  
b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing.

**Date Server Mailed**  
**MM/DD/YYYY**

**Place Server Mailed**  
**(City/State)**

4. a. Date mailed: \_\_\_\_\_ b. Place mailed (city, state) \_\_\_\_\_  
5.  I served with *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: **Date Server Signs**

\_\_\_\_\_  
(TYPE OR PRINT NAME) **Server Prints Name** (FORM)

\_\_\_\_\_  
(SIGNATURE) **Server Signs Name** (FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED**

Name of person served Address (number, street, city, state, and zip code)

1.		
2.		
3.		
4.		

**List parents, Current Guardian, Minor Child(ren) (12+ years old), Grandparents (maternal/paternal), half-brother/sisters (12+ years old) names and their addresses here.**  
  
**Ask staff for more pages if you need more space.**

Continued on an attachment. (You may use form DE-120(MA)/GC-020(MA) to show additional persons served.)



<p>AT <b>Your Full Legal Name</b>  <b>Your Street Address</b> <span style="float:right"><b>Apt#</b></span>  <b>City State Zip</b>  <b>Phone #</b></p> <p>ATTORNEY FOR (Name): <b>Self-Represented</b></p>	<p>FOR COURT USE ONLY</p> <p><b>SAMPLE ONLY</b></p> <p><b>Do not write on this copy!</b></p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA                  PROBATE DIVISION                  191 NORTH FIRST STREET                  SAN JOSE, CA 95113</p>	
<p>GUARDIAN <b>Child(ren)'s Full Legal Name(s)</b>                  (List all the children in the Guardianship case)</p>	<p>CASE <b>Write (PR) Case #</b></p>
<p>PETITION FOR VISITATION</p>	

1. Petitioner (name): **Your Full Legal Name** requests

the following specific visitation schedule for the minor (name) :  
**See (FL-311) Child Custody and Visitation Application Attachment**

2. Petitioner is the minor's **Choose what relationship you have to the child(ren) above.**

3.  Name(s) **Guardian's Full Legal Name** appointed guardian of the PERSON on (date) :

4. Petitioner should be granted visitation for the reasons  specified below  specified in Attachment 4.

5.  No **You will have to have the following people served:**  
**Parents, Current Guardian, Minor Child(ren) (12+ years old), Grandparents**  
 **(maternal/paternal), half-brother/sisters (12+ years old). They will need to be mailed**  
 **a copy of these forms.**

**If you cannot locate any of the people above mark box 5 ("they cannot with reasonable diligence be given notice"), as you will need to request the judge to excuse you from serving them. You will have to prove you cannot locate them after having tried to look for them. [Ask staff who is helping you.]**



GUARDIANSHIP OF THE  PERSON OF (Name)

CASE NUMBER

**Child(ren)'s Full Legal Name(s)**  
**(List all the children in the Guardianship case)**

**Write (PR) Case #**

6. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters and grandparents are as follows:

**Guardian's Full Legal Name**  
**Street Address, City, State, Zip**

**Maternal Grandfather's Full Legal Name**  
**Street Address, City, State, Zip**

**Child(ren)'s Full Legal Name**  
**Street Address, City, State, Zip**

**Maternal Grandmother's Full Legal Name**  
**Street Address, City, State, Zip**

**Father's Full Legal Name**  
**Street Address, City, State, Zip**

**Paternal Grandfather's Full Legal Name**  
**Street Address, City, State, Zip**

**Mother's Full Legal Name**  
**Street Address, City, State, Zip**

**Paternal Grandmother's Full Legal Name**  
**Street Address, City, State, Zip**

**Brother/Sister's Full Legal Name**  
**Street Address, City, State, Zip**

j.  Additional names and addresses continued in Attachment 6.

7. Number of pages attached:

Date: **Leave Blank**

**Leave Blank**

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

Date: **Today's Date (MM/DD/YYYY)**

**Print Your Name**

**Sign Your Name**

(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

**Consent to Visitation and Waiver of Notice**

I conse

**If any of the people above agree with your request for visitation,  
they will fill in this part.**

I conse

**If not, this area will stay blank.**

(DATE)

(TYPE OR PRINT NAME)

(SIGNATURE OF GUARDIAN)

Guardianship

Child(ren)'s Full Legal Name(s)  
(List all the children in the Guardianship case)

CASE

Write (PR) Case #

1  
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27

ATTACHMENT (Number) : 4

(This Attachment may be used with any Judicial Council form.)

Page 1 of 1

(Add pages as required)

**Explain why you should be granted the right to visitation.  
You will need to explain the facts to convince the judge you  
should get to have a schedule.**

**Explain why it would be in the best interest of the children if  
they should be able to see you on a regular bases.**

**Be very specific and detailed.**

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)





Guardianship

Child(ren)'s Full Legal Name(s)  
(List all the children in the Guardianship case)

CASE #

Write (PR) Case #

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO  Petition, Response, Application for Order or Responsive Declaration  Other (specify):  
 To be ordered now and effective until the hearing PETITION FOR VISITATION

1.  Custody. Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> (person who makes decisions about health, education, etc.)	<u>Physical Custody to</u> (person with whom the child lives)
---------------------	----------------------	---	--

2.  Visitation.

- a.  Reasonable right of visitation to the party without physical custody (not appropriate in cases involving domestic violence)
- b.  See the attached \_\_\_\_\_-page document dated (specify date):
- c.  The parties will go to mediation at (specify location):
- d.  No visitation
- e.  Visitation for the  petitioner  respondent will be as follows:

(1)  Weekends starting (date):

**What weekend visits are you requesting, if any?**

(2)  Alternate weekends starting (date) :

The  petitioner  respondent will have the children with him or her during the period  
 from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
 (day of week) (time)  
 to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
 (day of week) (time)

(3)  What weekday (M-F) visits are you requesting, if any?

**What weekday (M-F) visits are you requesting, if any?**

(4)  Any other specific date/times you would like to visit that is not indicated above?

**Any other specific date/times you would like to visit that is not indicated above?**

(4).

3.  Supervised visitation.

Mark if you are requesting your visits to be supervised by anyone.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

4.  Mark how the children will be transported to and from the visitation schedule you requested on the previous page.

5.  **Travel with children.** The  petitioner  respondent  other (*name*) :  
**must** have written permission from the other parent or a court order to take the children out of
- the state of California.
  - the following counties (*specify*) :
  - other places (*specify*) :

6.  **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7.  **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached  form FL-341(C)  
 other (*specify*):

8.  **Additional custody provisions.** I request the additional orders regarding custody set out on the attached  
 form FL-341(D)  other (*specify*):

9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached  
 form FL-341(E)  other (*specify*):

10.  **Other.** I request the following additional orders (*specify*) :

FOR COURT USE ONLY

Your Full Legal First Name  
Your Street Address Apt#  
City State Zip  
Phone #

ATTORNEY FOR (Name): **Self-Represented**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA  
PROBATE DIVISION  
191 NORTH FIRST STREET  
SAN JOSE, CA 95113

GUARDIANSHIP OF:

**Child(ren)'s Full Legal Name(s)  
(List all the children in the Guardianship case)**

VISITATION ORDER

**SAMPLE  
ONLY  
Do not write  
on this copy!**

CASE

Write (PR) Case #

1. The petition to grant visitation came on for hearing as follows (check boxes c, d, e, f, g, h to indicate personal presence):

a. Judge (name): **Charles F. Adams**

b. Hearing date: Time: Dept: **72**

Leave Blank

THE COUR

2.

THE COUR

3.

4.

5.

Date:

JUDGE OF THE SUPERIOR COURT



Guardians

Child(ren)'s Full Legal Name(s)  
(List all the children in the Guardianship case)

CASE

Write (PR) Case #

CHILD CUSTODY AND VISITATION ORDER ATTACHMENT

- TO  Findings and Order After Hearing  Judgment
- Stipulation and Order for Custody and/or Visitation of Children
- Other (specify) : **VISITATION ORDER (PROBATE)**

1.  **Custody.** Custody of the minor children of the parties is awarded as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Legal custody to</u> (person who makes decisions about health, education, etc.)	<u>Physical custody to</u> (person with whom the child lives)
---------------------	----------------------	---	--

2.  **Visitation**

a.  Reasonable right of visitation to the party without physical custody (not appropriate in cases involving domestic

- b.
- c.
- d.
- e.

**This section should mirror (be the same) as you filled it out previously.**

from \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

(day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

(day of week) (time)

(4)  **Other** (specify days and times as well as any additional restrictions) :

See Attachment 2e(4).



Guardianship

Child(ren)'s Full Legal Name(s)  
(List all the children in the Guardianship case)

Write (PR) Case #

3.  The court acknowledges that criminal protective orders in case number (specify).

in effect

4.

to the schedule

5.

This section should mirror (be the same) as you filled it out previously.

and restraint

in his or

6.

7.

but the other

8.

9.

10.

11.

12. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).

13. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.

14. **Country of habitual residence.** The country of habitual residence of the child or children in this case is  the United States  other (specify) :

15. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.

<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b>                  COURT ADDRESS: 191 North First Street                  CITY AND ZIP CODE: San José, California 95113                  PHONE NUMBER: (408) 882-2761                  FAX NUMBER: (408) 882-2797                  BRANCH NAME: Downtown Courthouse - Court Investigator's Division</p>	<p><i>FOR COURT USE ONLY</i></p> <p><b>SAMPLE ONLY</b></p> <p><b>Do not write on this copy!</b></p>
<p><b>IN THE MATTER OF GUARDIANSHIP OF:</b></p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>Child(ren)'s Full Legal Name(s)</b>                      (List all the children in the Guardianship case)</p> </div>	<p>CASE NUMBER</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>Leave Blank</p> </div>

**RE: GUARDIANSHIPS:**

The following documents are confidential and shall be made available only to persons who have been designated by the Court to assist the Court in determining whether proposed guardians should be appointed.

**Leave Blank**





For Court use only:

Temp hrg date:

Perm hrg date:

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Case Number (if you have one) : Guardianship

Child(ren)'s Full Legal Name(s) (List all the children in the Guardianship case)

Person Estate

Conservatorship of (name):

Leave Blank

Information about the CHILD(REN)

Child #1's Full Legal Name, Child's Birthday (MM/DD/YYYY), Child's SSN #, Child's School Name | Grade | Child's School Phone #

Child #2's Full Legal Name, Child's Birthday (MM/DD/YYYY), Child's SSN #, Child's School Name | Grade | Child's School Phone #

Child #3's Full Legal Name, Child's Birthday (MM/DD/YYYY), Child's SSN #, Child's School Name | Grade | Child's School Phone #

Check if there are more children in the case; add information about them on another page.

CONFIDENTIAL - DO NOT PUT IN COURT FILE

Information about the PROPOSED GUARDIAN'S ATTORNEY

Proposed Conservator doesn't have an attorney

Guardian  
XXXXX

Name: Your Full Legal Name  
Address: Your Street Address Apt# City State Zip  
Phone #: Phone #

Information about the PROPOSED GUARDIAN(S)

Proposed Guardian 1 :

- Name: Your Full Legal Name
- Relationship to child(ren): Your Relationship to Child
- Birth Date: Your Birthday (MM/DD/YYYY)
- Social Security Number: Your SSN #
- Driver's License Number: Your Driver's License #
- Home Address: Your Street Address, City, State, Zip Code
- Home Phone Number: Your Phone #
- Work Address: Your Work Street Address, City, State, Zip Code
- Work Phone Number: Your Work #

Proposed Guardian 2 :

- Name: Co-Guardian's Information (if any)
- Relationship to child(ren):
- Birth Date:
- Social Security Number:
- Driver's License Number:
- Home Address:
- Home Phone Number:
- Work Address:
- Work Phone Number:

All proposed Guardians must answer these questions:

1. Have you ever been convicted of a misdemeanor or felony offense?  Answer this question

If yes, write answer here:

2. Is there a social worker, probation or parole officer supervising you or ANY person who lives with you?  
 Answer this question

If yes, write answer here:

CONFIDENTIAL - DO NOT PUT IN COURT FILE

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP (PROBATE)



I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **Today's Date**

Proposed Guardian 1 signs here: **Sign Your Name**

Date: Proposed Guardian 2 signs here: \_\_\_\_\_

**Information about OTHER ADULTS (age 18 or older) WHO LIVE IN YOUR HOME**

**Fill out a box for EVERY adult who lives in your home (even if they are not related to this case or you)**

- Na
- Bi
- Sc
- Dr

- Na
- Bi
- Sc
- Dr

- Na
- Bi
- Sc
- Dr

- Na
- Bi
- Sc
- Dr

More adults live in my home. I've attached information about them on a separate page.





<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</p> <div style="border: 2px solid black; padding: 5px; margin: 5px 0;"> <p><b>Your Full Legal Name</b></p> <p><b>Your Street Address</b> <span style="float: right;"><b>Apt#</b></span></p> <p><b>City</b>    <b>State</b>    <b>Zip</b></p> <p><b>Phone #</b></p> </div> <p>ATTORNEY FOR (Name): <b>Self-Represented</b></p>	<p>FOR COURT USE ONLY</p> <p style="font-size: 24pt; font-weight: bold;">SAMPLE ONLY</p> <p style="font-size: 18pt; font-weight: bold;">Do not write on this copy!</p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b>                  COURT ADDRESS: 191 North First Street, San José, California 95113                  PHONE NUMBER: (408) 882-2651                  FAX NUMBER: (408) 882-2693                  BRANCH NAME: Downtown Courthouse – Probate Division</p>	
<p><b>In the Matter of the Guardianship of:</b></p> <div style="border: 2px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p><b>Child(ren)'s Full Legal Name(s)</b>                      (List all the children in the Guardianship case)</p> </div>	
<p><b>AUTHORIZATION FOR RELEASE OF INFORMATION</b></p>	<p>CASE # <span style="border: 2px solid black; padding: 5px; display: inline-block; width: 150px; text-align: center;"><b>Write (PR) Case #</b></span></p>

Probate Code Section 1513 requires that a probate court investigator conduct interviews and write a report and recommendation to the Court concerning the appropriateness of establishing a guardianship for the above-named children. In order to assist in the gathering of pertinent information,

I/we, Print Your Name Here /  
 specifically authorize the release of my/our school records, counseling records, probation records, public and private social service records, summaries of medical and psychological records, and records from any private or public agency which would assist in determination of our petition for guardianship.

Dated: Today's Date (MM/DD/YYYY) Sign Your Name

---

Dated: \_\_\_\_\_

**Original to: Probate Court Investigator**



## Fee Waiver

If you are the parents of the minor child(ren), you can skip the next pages. There is NO filing fee.

If you are NOT a parent of the minor child(ren), you have to fill out the next pages to request not to pay the filing fee.





*Clerk stamps date here when form is filed.*

**SAMPLE  
ONLY  
Do not write  
on this copy!**

**This form must be used by a guardian or conservator, or by a petitioner for the appointment of a guardian or conservator, to request a waiver of court fees in the guardianship or conservatorship court proceeding or in any other civil action in which the guardian or conservator represents the interests of the ward or conservatee as a plaintiff or defendant.**

If the ward or conservatee (including a proposed ward or conservatee if a petition for appointment of a guardian or conservator has been filed but has not yet been decided by the court) directly receives public benefits or is supported by public benefits received by another for his or her support, is a low-income person, or does not have enough income to pay for his or her household's basic needs and the court fees, you may use this form to ask the court to waive the court fees. The court may order you to answer questions about the finances of the ward or conservatee. If the court waives the fees, the ward or conservatee, his or her estate, or someone with a duty to support the ward or conservatee, may still have to pay later if:

- You cannot give the court proof of the ward's or conservatee's eligibility,
- The ward's or conservatee's financial situation improves during this case, or
- You settle the civil case on behalf of the ward or conservatee for **\$10,000** or more. The trial court that waives fees will have a lien on any settlement in the amount of the waived fees and costs. You may charge the ward or conservatee, or his or her estate, any

*Fill in court name and street address:*

**Superior Court of California, County of Santa Clara  
Street: 191 N. First Street  
Mial: 191 N. Flrst Street  
San Jose, CA 95113**

*Fill in case number and name:*

**Leave Blank**

**Case Name:**

**Child(ren)'s Full Legal Name(s)  
(List all the children you want guardianship over)**

① **Your Full Legal Name**    **Phone #**  
 Na \_\_\_\_\_  
**Your Street Address**                      **Apt#**  
 Str \_\_\_\_\_  
**City**    **State**    **Zip**  
 Cit \_\_\_\_\_

*to appoint a guardian or conservator):*  
Phone: \_\_\_\_\_

② **Leave Blank**

*If your lawyer is not providing legal-aid type services based on your or the ward's or conservatee's low income, you may have to go to a hearing to explain why you are asking for a waiver of court fees.*

③ **Child #1's Full Legal Name**  
**Child's Street Address**    **Child #1's Age/Birthday**  
 \_\_\_\_\_  
**City, State, Zip**  
**Child's Phone #**  
 \_\_\_\_\_

**Fill out one of these  
for each child listed in your  
request for visitation**

④ **W**                      **Leave Blank**  
 Fi \_\_\_\_\_  
 Ac \_\_\_\_\_  
 Ci \_\_\_\_\_

⑤ **Ward or Con**                      **Child #1's Employer (if working)**  
 Name of empl \_\_\_\_\_  
**Child #1's Employer's Address, City, State, Zip**  
 Employer's ad \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_



Name of (Proposed) Ward or Conservatee:

Case Number:

Child(ren)'s Full Legal Name

Leave Blank

6 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

7 Check here if you asked the court to waive court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here):

8 Why are you asking the court to waive the ward's or conservatee's court fees?

- The ward or one or both of the ward's parents, or the conservatee or the conservatee's spouse or registered domestic partner, receive (check all that apply):
Supplemental Security Income (SSI) State Supplemental Payment (SSP) SNAP (Food Stamps)
IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF Medi-Cal
County Relief/General Assistance CAPI (Cash Assistance Program for Aged, Blind, and Disabled)
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)
Unemployment Compensation

(Names and relationships to ward or conservatee of persons who receive the public benefits listed above):

Minor's income is zero

b. The gross monthly income of the ward's or conservatee's household (before deductions for taxes) is less than the amount listed below. (If you check 8b, you must fill out items 14, 15, and 16 on page 4 of this form.)\*

Table with 6 columns: Family Size, Family Income, Family Size, Family Income, Family Size, Family Income. Rows show income levels for family sizes 1-6.

c. The ward's or conservatee's household does not have enough income to pay for its basic needs and the court fees. I ask the court to (check one, and you must fill out items 14, 15, 16, 17, and 18 on page 4).\*

- (1) Waive all court fees and costs. (2) Waive some court fees and costs.
(3) Let the (proposed) guardian or conservator, on behalf of the (proposed) ward or conservatee, make payments over time.

\* (Do not include income of guardian or conservator living in the household in 8b or 8c or count him or her in family size in 8b. unless he or she is a parent of the ward or the spouse or registered domestic partner of the conservatee.)

Guardians or petitioners for their appointment must complete items 9 and 10.

9 Ward's Estate: Person only, no estate. Inventory or petition estimated value:

Source (e.g., gift, inheritance, settlement, judgment, insurance): Est. collection date:

10 Ward's Parents' Information:

a. Name of ward's father: Child #1's Father's Full Legal Name
Street or mailing address: Child #1's Father's Street Address
City: City, State, Zip
Phone: Child's #1's Father's Phone #

b. Name of ward's mother: Child #1's Mother's Full Legal Name
Street or mailing address: Child #1's Mother's Street Address
City: City, State, Zip
Phone: Child's #1's Mother's Phone #

c. Ward's parents are (check all that apply). Support order for ward? No Yes Answer questions about parent's marital/living status.

Payor (name) Court: Is there a Child Support Court order for child #1? If yes, answer as much information you know about that case here.



Name

Conservators or petitioners for their appointment must complete items 11–13.

11) Conservator

Inve

12) Conservator

Name of

Date of

Street of

City: \_\_\_\_\_

Name of

Employer: \_\_\_\_\_

The conservator is

planning

If you select

the income

Divorce

Court: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date of

Partner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

13) The Conservator

The conservator

a.

b.

If you select

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value of

frequently

which

this Request,

terms of and

s) and

servator of

All applicants who checked item 6b or item 6c on page 2 must continue to and follow the instructions for completion of items 14–16 or items 14–18 on page 4, before signing below.

The information I have provided on this form and all attachments about the (proposed) ward or conservatee is true and correct to the best of my information and belief. The information I have provided on this form and all attachments concerning myself is true and correct. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Print your name here

Sign here



Child(ren)'s Full Legal Name

Leave Blank

If you checked 8a on page 2, do not fill out below. If you checked 8b, you must answer questions 14–16. If you checked 8c, you must answer questions 14–18. If you need more space, attach form MC-025 or attach a sheet of paper, and write "Financial Information" and the ward's or conservatee's name and case number at the top.

14  Child's property from the household

15 Ward's a. List the property that gets sold before the ward's or conservatee's appointment (BA) and the relationship to the ward or conservatee. (1) (2) (3) (4) (5)

16 Ward's a. List the property that is sold by the ward or conservatee. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

b. Total monthly expenses

Large central box containing the text "Leave Blank" in large bold font.

property  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Much You  
we  
\_\_\_\_\_  
Much You  
we  
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we  
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To list any proposed expenses (proposed expenses, etc), attach "Financial Information" and the ward's or conservatee's name and case number at the top.

**Important:** If your ability to pay court fees improves, you must notify the court within five days on form FW-010-GC.  
**Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the spouse or registered domestic partner of the conservatee.**

n. Any other monthly expenses (list each below).  
Paid to: How Much?  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
**Total monthly expenses** \$ \_\_\_\_\_  
(add 18a–18n above):

*Clerk stamps date here when form is filed*

**SAMPLE ONLY**  
**Do not write on this copy!**

This form asks the court to waive *additional* court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

**1 Your Information** *(person asking the court to waive the fees):*

Your Full Legal Name  
Your Street Address Apt#  
City State Zip  
Phone #

*Fill in court name and street address:*

Superior Court of California, County of Santa Clara  
191 N. First Street  
191 N. First Street  
San Jose, CA 95113  
Probate Courthouse - DTS

**2 Your lawyer, if you have one** *(name, firm or affiliation, address, phone number, and State Bar number):*

**Self-Represented**

*Fill in case number and name:*

Ca **Write (PR) Case #**  
Case Name:

- a. The lawyer has agreed to advance all or a portion of your fees or costs *(check one)*:  Yes  No
- b. *(If yes, your lawyer must sign here):*  
Lawyer's signature: **Self-Represented**  
*If your lawyer is not providing legal-aid type services, you must sign here to explain why you are asking the court to waive the fees.*

**Child(ren)'s Full Legal Name(s)**  
**(List all the children in the Guardianship case)**

**3 Date your last court fee waiver order, if any, was granted:** \_\_\_\_\_

**4 Has your financial situation improved since your last Request to Waive Court Fees?**  No  Yes  
*(If yes, you must fill out a new Request to Waive Court Fees, form FW-001, and attach it to this form.)*

**5 What other fees do you want your court fee waiver order to cover?** *(Check all that apply):*

- a.  Jury fees and expenses
- b.  Court-appointed interpreter fees for a witness
- c.  Fees for a peace officer to testify in court
- d.  Fees for court-appointed experts
- e.  Other *(specify)*: **Court Investigation Fee**

**6 Why do you need these other services?** *(Explain):*  
**A Court Investigation Fee report is required for this request for visitation.**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

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

Date: **Today's Date**

**Print Your Name**

*Print your name here*

**Sign Your Name**

*Sign here*



*Clerk stamps date here when form is filed.*

**SAMPLE  
ONLY  
Do not write  
on this copy!**

1 (Proposed) guardian or conservator who asked the court to

Your Full Legal Name  
Your Street Address Apt#  
City State Zip  
Phone #

2 Lawyer, if person in 1 has one:

N  
F  
S  
C  
Leave Blank

E-mail: Telephone:

3 Child(ren)'s Full Legal Name

Your Street Address Apt#  
City State Zip  
Phone #

Fill in court name and street address:

Superior Court of California, County of  
Santa Clara  
191 N. First Street  
191 N. First Street  
San Jose, CA 95113  
Probate Courthouse - DTS

4 Lawyer for (proposed) ward or conservatee, if any:

Name: **Self-Represented** State Bar No:

Fill in case number and name:

Cas **Write (PR) Case #**

Leave Blank

Case Name:  
**Guardianship of:**

**Child(ren)'s Full Legal Name(s)  
(List all the children in the Guardianship case)**

5 A request to waive court fees was filed on (date):

The court made a previous fee waiver order in this case on (date):

**Read this form carefully. All checked boxes  are court orders.**

**Notice:** The court may order you to answer questions about the ward's or conservatee's finances after granting a waiver and may later order payment of the waived fees from his or her estate. If this happens and the fees are not paid, the court can also charge collection fees. The court may also direct you to make efforts to collect money to pay back waived fees from persons who owe a duty to support the ward or conservatee. If there is a change in the ward's or conservatee's financial circumstances during this case that increases his or her ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010-GC.)

If this case is an action against another party and you win the case on behalf of the ward or conservatee, the trial court may order the other side to pay some or all of the waived fees. If you settle the matter for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

The court may also have a lien against the ward's or conservatee's estate that must be paid before the estate is

dist  
con

6 Leave Blank

• Court fee for phone hearing (List continued on next page.)



Name of (Propo

**Child(ren)'s Full Legal Name(s)**  
**(List all the children in the Guardianship case)**

Ca **Write (PR) Case #**

- 6 a. (1)
- Reporter's fee for attendance at hearing or trial, if reporter provided by the court
  - Assessment for court investigations under Probate Code section 1513, 1826, or 1851

**Leave Blank**





Name of (Pro

**Child(ren)'s Full Legal Name(s)**  
**(List all the children in the Guardianship case)**

**Write (PR) Case #**

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay the ward's or conservatee's fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

**NOTE TO GUARDIAN or CONSERVATOR:** If there are unpaid court fees after a denial of a request for a fee

**Leave Blank**

**This is a Court Order.**