

How to ask to Terminate a Guardianship

<input type="checkbox"/> Step 1 Fill out forms	Complete the following forms in blue or black ink: <input checked="" type="checkbox"/> GC-020 Notice of Hearing <input checked="" type="checkbox"/> GC-255 Petition for Termination of Guardianship <input checked="" type="checkbox"/> GC-260 Order Terminating Guardianship <input checked="" type="checkbox"/> FL-105 Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) <input checked="" type="checkbox"/> Attachment PB-4005 Referral for Court Investigator & Questionnaire – Guardianship <input checked="" type="checkbox"/> Attachment PB-4014 Authorization for Release of Information						
<input type="checkbox"/> Step 2 Make copies	Make 2 copies, in addition to the original.						
<input type="checkbox"/> Step 3 File original & copies If you are the parent, there is no filing fee.	File: Turn in the original and copies of forms at the Probate Clerk's Office, 191 North First Street, San Jose, CA 95113 The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.sccscourt.org or call 408-882-2100 for current office hours. <input type="checkbox"/> If you are not asking for a fee waiver , you will pay the filing fee and get file-stamped copies back when you file. <input type="checkbox"/> If you are asking for a fee waiver , your file-stamped copies may be returned immediately, OR you may be asked to return in up to 24 hours, OR your file-stamped forms may be mailed to you. Please check with the clerk who takes your forms.						
<input type="checkbox"/> Step 4 Serve Copies Deadline for serving IS 15 days BEFORE the hearing.	Service: Make enough copies of the Petition of Termination of Guardianship (GC-255) and Notice of Hearing (GC-020) for every person who must be given ("served") a copy of the papers. (Do Not Copy or Serve the Referral for Court Investigator & Questionnaire - it's confidential!) The law says that you must "serve" a copy of these forms to the following people by mail : <table border="0"> <tr> <td>■ all grandparents</td> <td>■ the current guardian</td> </tr> <tr> <td>■ mother</td> <td>■ the child if s/he is 12 or older</td> </tr> <tr> <td>■ father</td> <td>■ any of the child(ren)'s brothers or sisters who are 12 or older.</td> </tr> </table> <p>"Mail Service" means that someone, NOT YOU, who is at least 18 years old, must mail a filed copy of your forms to each of these people/agencies. You can ask a friend or relative or hire a registered "process server".</p> <p>After papers are mailed, The server (person who mailed the forms) must complete the <i>Proof of Service by Mail</i> on page 2 of your copy of the <i>Notice of Hearing</i>. Service must be completed at least 15 days before the hearing. Make a copy of <i>Proof of Service by Mail</i> (on page 2 of the <i>Notice of Hearing</i>). Take the form back to the courthouse to file it at least 5 days before the court hearing. There is no fee to file this form. Keep a copy for yourself.</p>	■ all grandparents	■ the current guardian	■ mother	■ the child if s/he is 12 or older	■ father	■ any of the child(ren)'s brothers or sisters who are 12 or older.
■ all grandparents	■ the current guardian						
■ mother	■ the child if s/he is 12 or older						
■ father	■ any of the child(ren)'s brothers or sisters who are 12 or older.						
<input type="checkbox"/> Step 5	When you come to court: Bring a copy of all the papers in your case and also bring any papers which help to prove the information in your Petition. If you have any witnesses, they should also come. If you need help speaking English, please bring an interpreter to your hearing as well.						

Please turn over for important information



HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on “Lawyer Referral services” to hire or consult with a private attorney.
- For free legal advice and information, see our “Do-It-Yourself Resources” flyer. Go to www.scscourt.org, click on “Self-Help” then “Self-Help Flyers”.
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - Contact us: Go to www.scscourt.org then click “**Contact the Self Help Center**”. Walk-in assistance is limited to emergencies so contact us remotely first.
 - Obtain Forms: Go to www.scscourt.org then click “**Complete Forms at Home**”
 - Form Review: Email your forms as a PDF file to SHCDocReview@scscourt.org.
 - Note: We **cannot** help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator’s Office
201 N. First Street, San Jose, CA 95113
408-882-2926

BLANKS

TERMINATE GUARDIANSHIP

Please complete the following
forms in blue or blank ink.

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

FOR COURT USE ONLY

(Your Full Legal Name)

CA

(Your Street Address)

Apt #

City

Zip

TELEPHONE NO.: FAX NO. (Optional):

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**☒ GUARDIANSHIP ☐ CONSERVATORSHIP OF THE ☒ PERSON ☐ ESTATE
OF (Name):☒ MINOR ☐ (PROPOSED) CONSERVATEE**NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP**

CASE NUMBER:

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 TERMINATION OF GUARDIANSHIP

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.)



<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

NOTE:*

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court. You may use form GC-020(P) to show personal service of this Notice.

* (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 cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*) :

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. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: _____ b. Place mailed (*city, state*) :
5. ☒ I served with the *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: _____

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	<div style="text-align: center;">▶</div> (SIGNATURE OF PERSON COMPLETING THIS FORM)
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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.		

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) : <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">(Your Full Legal Name)</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">CA</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> (Your Street Address) Apt # City Zip </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional) : _____ ATTORNEY FOR (Name) : SELF-REPRESENTED	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 NORTH FIRST STREET MAILING ADDRESS: 191 NORTH FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: PROBATE COURT - DTS	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) : _____ <div style="text-align: right;">MINOR</div>	CASE NUMBER: _____
PETITION FOR TERMINATION OF GUARDIANSHIP	HEARING DATE AND TIME: _____ DEPT.: _____

1. Petitioner (name) : _____ requests that
 - a. ☒ the guardianship of the PERSON of (minor) : _____ be terminated.
 - b. ☐ the guardianship of the ESTATE of (minor) : _____ be terminated.
 - (1) ☐ The estate has been entirely exhausted through expenditures or disbursements (Probate Code, § 2626).
 - (2) ☐ The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
 - (3) ☐ Other (specify) : _____

2. Petitioner is the ☐ minor ☐ minor's guardian ☐ minor's parent.
3. ☒ (Name) : _____ was appointed guardian of the PERSON
 of the minor named in item 1a on (date) : _____.
4. ☐ (Name) : _____ was appointed guardian of the ESTATE
 of the minor named in item 1b on (date) : _____.
5. It is in the best interest of the minor that the guardian of the ☒ person ☐ estate be terminated for the reasons
☒ stated in Attachment 5 ☐ stated below (specify) : _____

6. A request for special notice
 - a. ☐ has not been filed.
 - b. ☐ has been filed and notice will be given to (names) : _____

7. ☐ Notice to the persons identified in Attachment 7 should be dispensed with because
 - a. ☐ they cannot with reasonable diligence be given notice (specify names and efforts to locate in Attachment 7).
 - b. ☐ other good cause exists to dispense with notice (specify names and reasons in Attachment 7).
8. ☐ Petitioner is the minor's guardian. Petitioner requests reasonable visitation with the minor after termination of the guardianship as specified in Attachment 8. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105/GC-120) is also attached.

NOTICE: This guardianship will terminate automatically when the child reaches age 18. No petition or court order is necessary to terminate the guardianship at that time. Nevertheless, if this is a guardianship of the estate, termination of the guardianship does not eliminate the requirement that a final report or account must be filed. (See Prob. Code, § 1600.)

GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) : _____ <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER: _____
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9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are *(specify)* :
- | | |
|-----------------------|---|
| a. Guardian: | g. Brother or sister: |
| b. Minor: | h. Maternal grandfather: |
| c. Father: | i. Maternal grandmother: |
| d. Mother: | j. Paternal grandfather: |
| e. Brother or sister: | k. Paternal grandmother: |
| f. Brother or sister: | l. <input type="checkbox"/> Additional names and addresses continued on Attachment 9. |

10. Number of pages attached: _____

Date: _____



(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY*)

*(Signature of all petitioners also required (Prob. Code, § 1020).)

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

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING

11. ☒ I consent to the termination of the guardianship of the ☒ person ☐ estate of the minor and waive service of a copy of, and notice of the hearing on, this petition.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF ☐ MINOR* ☐ GUARDIAN ☐ PARENT ☐ OTHER)

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF ☐ MINOR* ☐ GUARDIAN ☐ PARENT ☐ OTHER)

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF ☐ MINOR* ☐ GUARDIAN ☐ PARENT ☐ OTHER)

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF ☐ MINOR* ☐ GUARDIAN ☐ PARENT ☐ OTHER)

☐ Additional signatures on Attachment 11.

* Minor over 12 years of age.

GUARDIANSHIP OF:

CASE NUMBER:

ATTACHMENT (Number) : **5**

Page _____ of _____

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

(Add pages as required)

**THE BEST INTERESTS OF THE MINOR(S) REQUIRE TERMINATION OF THE GUARDIANSHIP
FOR THE REASONS STATE BELOW:**

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

Page 1 of 1

GUARDIANSHIP OF:

CASE NUMBER:

ATTACHMENT (Number) : 7

Page _____ of _____

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

(Add pages as required)

I AM NOT ABLE TO SERVE (PERSON): _____ BECAUSE:

I AM NOT ABLE TO SERVE (PERSON): _____ BECAUSE:

I AM NOT ABLE TO SERVE (PERSON): _____ BECAUSE:

I AM NOT ABLE TO SERVE (PERSON): _____ BECAUSE:

I AM NOT ABLE TO SERVE (PERSON): _____ BECAUSE:

I AM NOT ABLE TO SERVE (PERSON): _____ BECAUSE:

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

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) : <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">(Your Full Legal Name)</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-bottom: 5px;">CA</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> (Your Street Address) Apt # City Zip </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional) : _____ ATTORNEY FOR (Name) : IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 NORTH FIRST STREET MAILING ADDRESS: 191 NORTH FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: PROBATE COURT	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) : _____ <div style="text-align: right;">MINOR</div>	
ORDER TERMINATING GUARDIANSHIP	CASE NUMBER: _____

1. The petition to terminate the guardianship came on for hearing as follows (check boxes c-l to indicate personal presence) :

- a. Judicial Officer (name) : _____
- b. Hearing date: _____ Time: _____ ☒ Dept.: _____ ☐ Rm.: _____
- c. ☐ Petitioner (name) : _____
- d. ☐ Attorney for petitioner (name) : _____
- e. ☐ Minor (name) : _____
- f. ☐ Attorney for minor (name) : _____
- g. ☐ Guardian of the person (name) : _____
- h. ☐ Attorney for guardian of the person (name) : _____
- i. ☐ Guardian of the estate (name) : _____
- j. ☐ Attorney for guardian of the estate (name) : _____
- k. ☐ Parent of minor (name) : _____
- l. ☐ Attorney for parent (name) : _____

THE COURT FINDS

2. a. ☐ All notices required by law have been given.
- b. ☐ Notice of hearing ☐ has been ☐ should be dispensed with to the following persons (specify) : _____
- c. ☒ It is in the minor's best interest to terminate the guardianship of the PERSON.
- d. ☐ It is in the minor's best interest to terminate the guardianship of the ESTATE.
- (1) ☐ The estate has been entirely exhausted through expenditures or disbursements (Prob. Code, § 2626).
- (2) ☐ The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
- (3) ☐ Other reasons (specify) : _____

THE COURT ORDERS

3. ☒ The guardianship of the PERSON of (minor) : _____ is terminated.
4. ☐ The guardianship of the ESTATE of (minor) : _____ is terminated.
5. ☐ Notice of hearing to the persons named in item 2b is dispensed with.
6. ☐ Visitation between the minor and the guardian ☐ of the person ☐ of the estate is ordered as provided in Attachment 6.
7. ☐ Other (specify) : _____

☐ Continued on Attachment 7.

Date: _____

JUDICIAL OFFICER
☐ Signature follows last attachment.

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: BRANCH NAME: Probate Division	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	
Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am (check one): ☒ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): _____ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:

CASE NUMBER:

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

b. Name and address of person:

c. Name and address of person:

☐ Has physical custody☐ Claims custody rights☐ Claims visitation rights

Name of each child:

☐ Has physical custody☐ Claims custody rights☐ Claims visitation rights

Name of each child:

☐ Has physical custody☐ Claims custody rights☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: _____

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

Date:

(NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

For Court use only:

Temp hrg date: _____

Perm hrg date: _____

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Case number (if you have one): _____

Guardianship of (name): _____ ☒ Person ☐ Estate

- Do you think anyone will disagree with the guardianship? ☐ Yes ☐ No

If yes, who? Name: _____ Telephone number: _____

- Has Child Protective Services (CPS) ever been called about the children in this case? ☐ Yes ☐ No

If yes, which County: ☐ Santa Clara ☐ Other (County name): _____Are there any custody orders about the children in this case? ☐ Yes ☐ NoIf yes, which County: ☐ Santa Clara ☐ Other (County name): _____

What is the primary language spoken in the home? _____

Information about the CHILDREN

- Child ① Name: _____
- Birth Date: _____
- Social Security Number: _____
- School, Grade, School Telephone Number: _____

- Child ② Name: _____
- Birth Date: _____
- Social Security number: _____
- School, Grade, School Telephone Number: _____

- Child ③ Name: _____
- Birth Date: _____
- Social Security Number: _____
- School, Grade, School Telephone Number: _____

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

CONFIDENTIAL – DO NOT PUT IN COURT FILE

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP
(PROBATE)

Information about the PROPOSED GUARDIANS'S ATTORNEY☒ Proposed Guardian doesn't have an attorney

Name: _____ email _____

Address: _____

Phone Number: _____ Fax Number: _____

Information about the PROPOSED GUARDIAN(S)**Proposed Guardian ①:**

- Name: _____ email _____
- Relationship to child(ren): ☐ Grandparent ☐ Aunt/Uncle ☐ Other: _____
- Birth Date: _____
- Social Security Number: _____
- Driver's License Number: _____
- Home Address: _____
- Home Phone Number: _____ Cell Phone Number: _____
- Work Address: _____
- Work Phone Number: _____ Fax Number: _____

Proposed Guardian ②:

- Name: _____ email _____
- Relationship to child(ren): ☐ Grandparent ☐ Aunt/Uncle ☐ Other: _____
- Birth Date: _____
- Social Security Number: _____
- Driver's License Number: _____
- Home Address: _____
- Home Phone Number: _____ Cell Phone Number: _____
- Work Address: _____
- Work Phone Number: _____ Fax Number: _____

All proposed Guardians must answer these questions:1. Have you ever been convicted of a misdemeanor or felony offense? ☐ Yes ☐ NoIf yes, what offense(s): _____ Date: _____ County: _____

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

☐ Yes ☐ NoIf yes, explain: _____**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: _____

Proposed Guardian 1 signs here: _____

Date: _____

Proposed Guardian 2 signs here: _____

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

▪ Name: _____	email _____
▪ Birth Date: _____	
▪ Social Security Number: _____	
▪ Driver's License Number: _____	State: _____

▪ Name: _____	email _____
▪ Birth Date: _____	
▪ Social Security Number: _____	
▪ Driver's License Number: _____	State: _____

▪ Name: _____	email _____
▪ Birth Date: _____	
▪ Social Security Number: _____	
▪ Driver's License Number: _____	State: _____

▪ Name: _____	email _____
▪ Birth Date: _____	
▪ Social Security Number: _____	
▪ Driver's License Number: _____	State: _____

▪ Name: _____	email _____
▪ Birth Date: _____	
▪ Social Security Number: _____	
▪ Driver's License Number: _____	State: _____

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

CONFIDENTIAL – DO NOT PUT IN COURT FILE

**REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP
(Probate)**

I/we, _____ / _____
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: _____

Dated: _____

PB-4014 REV 3/12/2020
For Mandatory Use

ONLY FILL OUT THE NEXT PAGES IF
YOU ARE NOT THE PARENTS OF THE
CHILD(REN) OF THIS GUARDIANSHIP.

Clerk stamps date here when form is filed.

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 their support, is a low-income person, or does not have enough income to pay for their 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, their 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 such settlement in the amount of the waived fees and costs. The court may also charge the ward or conservatee, or their estate, any collection costs.

Fill in court name and street address:

Superior Court of California, County of Santa Clara

Street: 191 N. First Street

Mail: 191 N. First Street

San Jose, CA 95113

Fill in case number and name:

Case Number:

Case Name: Guardianship of:

1 Your Information (guardian or conservator, or person asking the court to appoint a guardian or conservator):

Name: _____ Phone: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

2 Your Lawyer (if you have one): Name: **Self-Represented**

Firm or Affiliation: _____ State Bar No.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

a. The lawyer has agreed to advance all or a portion of court fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here.) Lawyer's signature: _____
 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 the court to waive the fees.

3 Ward's or Conservatee's Information (file a separate Request for each ward in a multiward case):

Name: _____ Age and date of birth (ward only): _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

4 Ward's or Conservatee's Lawyer, if any: Name: **Self-Represented**

Firm or Affiliation: _____ State Bar No.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

5 Ward or Conservatee's Job (job title; if not employed, so state): _____

Name of employer: _____

Employer's address: _____ State: _____ Zip: _____



Name of (Proposed) Ward or Conservatee:

Case Number:

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?

- a. ☒ 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.)*

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

- 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 them in family size in 8b, unless they are 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 parent: _____ ☐ Deceased (date of death): _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

- b. Name of ward's parent: _____ ☐ Deceased (date of death): _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

- c. Ward's parents are (check all that apply): ☐ married ☐ living together ☐ separated ☐ divorced

Support order for ward? ☐ No ☐ Yes Payable to (name): _____

Payor (name): _____

Court: _____ Case Number: _____

Date of order (if multiple, date of latest): _____ Monthly amount: _____



Name of (Proposed) Ward or Conservatee: _____

Case Number: _____

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

11 Conservatee's Estate: ☐ Person only, no estate.

☐ Inventory or petition estimated value: _____

Est. collection date: _____

12 Conservatee's Spouse's or Registered Domestic Partner's Information:

Name of conservatee's spouse or registered domestic partner: _____ ☐ Spouse ☐ Partner

Date of marriage or partnership: _____ ☐ Deceased (*date of death*): _____

Street or mailing address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of employer (*if none, so state*): _____

Employer's address: _____ State: _____ Zip: _____

The conservatee's spouse or partner ☐ is ☐ is not managing, or following appointment of a conservator is planning to manage, some or all of the couple's community property outside the conservatorship estate.

If you selected "is" above: The income, money, and property shown on page 4 ☐ includes ☐ does not include the income and property managed, or expected to be managed, by the spouse/partner outside the estate.

☐ Divorced (*date of final judgment or decree*): _____

Court: _____

Case Number: _____ Support order for conservatee? ☐ No ☐ Yes

Date of support order (*if multiple, date of latest*): _____ Monthly amount: _____

13 The Conservatee and Trusts:

The conservatee:

a. ☐ is ☐ is not a trustor or settlor of a trust.

b. ☐ is ☐ is not a beneficiary of a trust.

If you selected "Is" to complete any of the above statements, identify and provide, in an attachment to this *Request*, the current address and telephone number of the current trustee(s) of each trust, describe the general terms of and value of each trust and the nature and value of the conservatee's interest in each trust, and the amount(s) and frequency of any distributions to or for the benefit of the conservatee prior to your appointment as conservator of which you are aware. (*You may use Judicial Council form MC-025 for this purpose.*)

All applicants who checked item 8b or item 8c 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



Name of (Proposed) Ward or Conservatee:

Case Number:

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 ☐ Check here if the ward's or conservatee's income changes a lot from month to month. If it does, complete the form based on their average income for the past 12 months.

15 Ward's or Conservatee's Gross Monthly Income

- a. List the source and amount of **any** income the ward or conservatee gets each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
(5) _____ \$ _____

b. Total monthly income: \$ _____

16 Ward's or Conservatee's Household's Income

- a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on them for support, or on whom they depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____
(6) _____	_____	_____	\$ _____
(7) _____	_____	_____	\$ _____
(8) _____	_____	_____	\$ _____
(9) _____	_____	_____	\$ _____
(10) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____

Total monthly income and

household income (15b plus 16b): \$ _____

To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top.

Check here if you attach another page. ☐

Important! If the ward's or conservatee's financial situation or 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, their money and property in item 17, or their deductions and expenses in item 18 unless they are a parent of the ward or the spouse or registered domestic partner of the conservatee.

17 Ward's or Conservatee's Household's Money and Property

a. Cash \$ _____

- b. All financial accounts (list bank name and amount):

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

- c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

- d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

18 Ward's or Conservatee's Household's Monthly Deductions and Expenses

- a. List any payroll deductions and the monthly amount below:

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

- b. Rent or house payment and maintenance \$ _____

- c. Food and household supplies \$ _____

- d. Utilities and telephone \$ _____

- e. Clothing \$ _____

- f. Laundry and cleaning \$ _____

- g. Medical and dental expenses \$ _____

- h. Insurance (life, health, accident, etc.) \$ _____

- i. School, child care \$ _____

- j. Child, spousal support (another marriage) \$ _____

- k. Transportation, gas, auto repair and insurance \$ _____

- l. Installment payments (list each below):

Paid to:

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

- m. Wages/earnings withheld by court order \$ _____

- n. Any other monthly expenses (list each below).

Paid to:

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 18a–18n above): \$ _____

1 (Proposed) guardian or conservator who asked the court to waive court fees for (proposed) ward or conservatee:

Name: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

2 Lawyer, if person in 1 has one:

Name: **Self-Represented** State Bar No: _____
 Firm or Affiliation: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____ Telephone: _____

Fill in court name and street address:

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

3 (Proposed) ward or conservatee:

Name: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Fill in case number and name:

Case Number:**Case Name: Guardianship of:****4 Lawyer for (proposed) ward or conservatee, if any:**

Name: **Self-Represented** State Bar No: _____
 Firm or Affiliation: _____
 Street or mailing address: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____ Telephone: _____

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 distributed, the guardianship or conservatorship proceeding is concluded, and you are discharged as guardian or conservator.

6 After reviewing your: ☒ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees**the court makes the following orders:**

a. ☐ The court **grants** your request concerning the ward's or conservatee's court fees and costs, as follows:

(1) ☐ **Fee Waiver.** The court grants your request and waives the fees and costs listed below.

(Cal. Rules of Court, rules 3.55 and 8.818.) You do not have to pay the court fees for the following:

- Filing papers in superior court
- Court fee for phone hearing
- Making copies and certifying copies
- Giving notice and certificates
- Sheriff's fee to give notice
- Sending papers to another court department

(List continued on next page.)

Name of (Proposed) Ward or Conservatee:

Case Number:

- 6 a. (1) • Reporter's fee for attendance at hearing or trial, if you request that the court provide an official reporter
• Assessment for court investigations under Probate Code section 1513, 1826, or 1851
• Preparing, certifying, copying, and sending the clerk's transcript on appeal
• Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
• Making a transcript or copy of an official electronic recording under rule 8.835

- (2) ☐ **Additional Fee Waiver.** The court grants your request and waives the additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- | | |
|---|---|
| <input type="checkbox"/> Jury fees and expenses | <input type="checkbox"/> Fees for a peace officer to testify in court |
| <input type="checkbox"/> Fees for court-appointed experts | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | |

- b. ☐ The court **denies** your fee waiver request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:
- Pay the ward's or conservatee's fees and costs, or
 - File a new revised request that includes the items listed: ☐ Below ☐ On Attachment 6b(1)

- (2) ☐ The court **denies** your request because the information you provided on the request shows that the ward or conservatee is not eligible for the fee waiver for the reasons specified:
- ☐ Below ☐ On Attachment 6b(2)

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Ward or Conservatee)(Superior Court)* (form FW-006-GC). You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay the fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006-GC to request hearing.*)

- c. (1) ☐ The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about questions regarding your eligibility specified:
- ☐ Below ☐ On Attachment 6c(1)

- (2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:
- ☐ Below ☐ On Attachment 6c(2)



Name of (Proposed) Ward or Conservatee:

Case Number:

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 waiver, your case—including the guardianship or conservatorship proceeding if the waiver is requested in that matter—might not go forward. After a denial, you may choose to advance the court costs yourself to ensure that the case proceeds. If you or another person is appointed as guardian or conservator, you would have an opportunity to be reimbursed for such advances from the assets of the guardianship or conservatorship estate, if any, as allowable expenses of administration. You might also have the right to reimbursement for advanced court costs from persons with an obligation to support the ward or conservatee from assets not part of his or her estate, such as a parent of the ward, the spouse or registered domestic partner of the conservatee who is managing the couple's community property outside the conservatorship estate, or the trustee of a trust of which the conservatee is a beneficiary.

<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">Hearing Date</div> →	Date: _____	Time: _____	Name and address of court if different from above: _____ _____ _____ _____ _____
	Dept.: _____	Room: _____	

Date: _____

Signature of (check one):

☐

Judicial Officer

☐

Clerk, Deputy



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- ☐ I handed a copy of this Order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- ☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): _____, California, on the date below.
- ☐ A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy
Name: _____

This is a Court Order.