

SAMPLE

TERMINATE GUARDIANSHIP

Rev. 1/2026

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

Do not file or write in this packet.

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

FOR COURT USE ONLY

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

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):

Child(ren)'s Full Legal Name**(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) **Your Full Legal 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.)



A copy of this *Notice of Hearing* has a right under the law to be noticed. Copies of this Notice may be served personally served on certain persons, guardianships and conservators, **either service by mail or personal** allows. The petitioner does this by which the petitioner then files with the court.

This page contains a proof of
performs the service must comp
attached to this Notice when it is

* (This Note replaces the clerk's certificate of service form GC-020(C), Clerk's Certificate of Posting Notice of Hearing-Guardianship or Conservatorship. (See Prob. Code, § 2545(c).)

The Server will fill out this form (not you).

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this case.
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

- 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.
- 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 in the ordinary course of business.

4. a. Date mailed: **Date Server Mailed
MM/DD/YYYY** b. Place mailed (city, state) **Place Server Mailed
(City/State)**
5. I served with *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to

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 PR

Server Prints Name

FORMY

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. Guardian's Full Legal Name	Guardian's Current Address Street Address, City, State, and Zip
2.	
3.	<p>List current guardians, parents, grandparents (maternal/paternal), chil(ren) above (12+ years old), and half-brother/sisters (12+ years old) and their addresses here.</p>
4.	<p>Ask staff for more pages if you need more space.</p>

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

Your Full Legal Name

Apt#

FOR COURT USE ONLY

Your Street Address

City State Zip

Phone #

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**

GUARDIAN

(Name):

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

CASE NUMBER

Write (PR) Case #**PETITION FOR TERMINATION OF GUARDIANSHIP**

R

HEARING DATE AND TIME:

DEPT.:

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

1. Petitioner (name) **Your Full Legal Name** requests that
 a. the guardianship of the PERSON of (minor) : **Child(ren)'s Full Legal Name(s)** be terminated.
 b. the guardianship of the ESTATE of (minor) :
 (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 **Mark how you are related to child(ren)**

3. (Name) : **Guardian's Full Legal Name** was appointed guardian of the PERSON of the minor named in item 1a on (date) :
 4. (Name) : **Date Letters of Guardianship (Order) was filed.** STATE 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) :

Leave Blank

6.

7. **If you cannot find or give a copy of these forms to: current guardian(s), parents, grandparents (maternal/paternal), children above (if 12+ years old), and half-brothers/sisters (if 12+ years old) the mark 7a and fill out "Attachment 7".**

8. **If you are the current guardian and you would like to have reasonable visitation with the minor after termination of your guardianship, mark "8."**

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.)

Page 1 of 2

GUARDIAN
(Name):

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

CASE N

Write (PR) Case #

OR

9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify):

a. Guardian's Name Street Address, City, State, Zip	b. Brother/Sister's Name Street Address, City, State, Zip	
b. Child(ren)'s Name Street Address, City, State, Zip	c. Maternal Grandfather's Name Street Address, City, State, Zip	
c. Father's Name Street Address, City, State, Zip	d. Maternal Grandmother's Name Street Address, City, State, Zip	
d. Mother's Name Street Address, City, State, Zip	e. Paternal Grandfather's Name Street Address, City, State, Zip	
e. Brother/Sister's Name Street Address, City, State, Zip	f. Paternal Grandmother's Name Street Address, City, State, Zip	
f. Brother/Sister's Name Street Address, City, State, Zip	<input type="checkbox"/> Additional names and addresses continued on Attachment 9.	

10. Number of pages attached: _____

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

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

(TYPE OR PRINT NAME)

Sign Your Name

(SIGNATURE OF ATTORNEY OR PETITIONER)

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY OR PETITIONER)

CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING11. 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: **If any of the family members above agree with your request to end the guardianship, they will fill in this part.**

Date:

If not, this area will stay blank.

Date:

Date:

 Additional signatures on Attachment 11.

* Minor over 12 years of age.

GUARDIANSHIP OF

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

CASE NUMBER:

Write (PR) Case #ATTACHMENT (Number): 5

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

Page _____ of _____
(Add pages as required)**THE BEST INTERESTS OF THE MINOR(S) REQUIRE TERMINATION OF THE GUARDIANSHIP****FOR THE REASONS STATE BELOW:**

Explain why you think the guardianship should be terminated/ended. Explain clear facts with detailed information so that the Judge can be convinced to terminate/end the guardianship.

Will the minor(s) health and safety still be protected if the guardianship is terminated/ended?

27 (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

GUARDIANS

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

CASE NO.

Write (PR) Case #ATTACHMENT (Number): 7Page _____ of _____
*(Add pages as required)***I AM NOT ABLE TO****Full Legal Name of person you cannot serve****BECAUSE:**

Explain how you have tried to locate them. You will need to explain any efforts you have put into finding them.

I AM NOT ABLE TO SERVE (PERSON):**Full Legal Name of person you cannot serve****BECAUSE:**

Explain how you have tried to locate them. You will need to explain any efforts you have put into finding them.

I AM NOT ABLE TO SERVE (PERSON):**Full Legal Name of person you cannot serve****BECAUSE:**

Explain how you have tried to locate them. You will need to explain any efforts you have put into finding them.

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Explain how you have tried to locate them. You will need to explain any efforts you have put into finding them.

27 *(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

ATT

Your Full Legal Name

Apt#

Your Street Address

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**GUARDIAN
(Name)

Child(ren)'s Full Legal Name

(List all the children in the guardianship case)

ORDER TERMINATING GUARDIANSHIP

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

Write (PR) Case #

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) : **Honorable Julie Emede**b. Hearing date: Time: Dept.: **74** Rm.:

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

Leave Blank

THE COURT ORDERS

2. a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

Child(ren)'s Full Legal Name

(List all the children in the guardianship case)

minated.

minated.

3. The guardianship of the PERSON of (minor) :4. The guardianship of the ESTATE of (minor) :5. Notice of hearing to the persons named in item 2b is dispensed with.

Leave Blank

6.

7.

Date

Current Guardian Only

If you are the current guardian and you want to have visitation after this guardianship is terminated, you must fill out the next page.

If you are not the current guardian, skip the next page (FL-105 UCCJEA).

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAM	Your Full Legal Name		
FIR	Your Street Address		
STP	City	State	Zip
CIT	Apt#		
TEL			
EM	Phone #		
ATTORNEY FOR (name): Self-Represented			
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			
(This section applies to cases other than probate guardianships.)			
PETITIONER Leave Blank			
RESPONDENT			
OTHER PAR			
CHILD'S NAME			
Child(ren)'s Full Legal Name (List all the children in the guardianship case)			
(This section applies only to probate guardianship cases.)			
GUARDIANSHIP OF (name): Minor			
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)			

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

1. I am (check one): a party to **# of Children listed above** a child the authorized representative of the 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. Starting with the oldest child, list each of the children listed above. If you need more space, check the box below and attach an additional page (you may use MC-020).		
b.		
c.		
d.		

3. a. Check this box if only one child is listed above OR all of the children have lived at the same address(es) together for the past 5 years. If the children have lived at different addresses from each other during the past 5 years, you will check box 3b (Provide the current address information for each child and attach form FL-105(A) to list each child's address information.)

Additional Children

Check here, if the children had different address information, then complete form FL-105(A) for the above for the oldest child and use FL-105(A) for each additional child.

Dates of residence (Month/Year)	Residence (City, State)	Person child lived with and complete current address	Relationship
From: 1/2025	To present San Jose, CA <input type="checkbox"/> Confidential (list state only)	John Smith 123 Main St., SJ, CA <input type="checkbox"/> Confidential (list state only)	Father
From: 1/2020	To: 1/2025 San Jose, CA	Jane Doe 456 Main St., SJ, CA	Mother
From:	To:		
From:	To:		
From:	Check here if you need space for more addresses.		

b. Additional Children

Check here if the children had different address information, then complete form FL-105(A) for the above for the oldest child and use FL-105(A) for each additional child.

(Attach
e years.)
Page 1 of 2

CASE NAME:

Child(ren)'s Full Legal Name

CASE NUMBER

(List all the children in the guardianship case)

Write (PR) Case #

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):

Have you been a part of (party or witness) in any another type of court case or custody/visitation case ANYWHERE regarding any of the children above?

Case status

P

a. b. c.

P

d. e. 5. Oa. b. c. d.

have one

re (date)

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?

Do you know anyone that claims to have custody or visitation rights to any of the children above?

Name and address of person:

a. Name and address of

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

Name of each child:

Name of each child:

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: **Today's Date****Print Your Name**

(NAME OF DECLARANT)

Sign Your Name

(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

Write (PR) Case #

Case number (if you

Guardianship of

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

 Person Estate

▪ Do you think the child(ren) in this case are in guardianship? Yes No

If yes, who? _____ Telephone number: _____

▪ Has Child Protective Services been called about the children in this case? Yes No

If yes, which County: Santa Clara Other (County name): _____

Are there other children in this case? Yes No

If yes, which County: Santa Clara Other (County name): _____

What is the address of the home? _____

Information about the CHILDREN

- Child 1
- Birth Date
- Social Security Number
- School, Daycare, or Day Treatment Center

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
- Birth Date
- Social Security Number
- School, Daycare, or Day Treatment Center

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
- Birth Date
- Social Security Number
- School, Daycare, or Day Treatment Center

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.

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

Information about the PROPOSED GUARDIANS'S ATTORNEY Your Full Legal Name

Your Street Address

Apt# City State Zip

Phone #

Phone Number:

Fax Number:

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

- Name: _____
- Relationship to _____
- Birth Date: _____
- Social Security _____
- Driver's License _____
- Home Address: _____
- Home Phone Number: _____
- Work Address: _____
- Work Phone Number: _____

Your Full Legal Name
Your Relationship to Child
Your Birthday (MM/DD/YYYY)
Your SSN #
Your Driver's License #
Your Street Address, City, State, Zip Code
Your Phone #
Your Work Street Address, City, State, Zip Code
Your Work #

Proposed Guardian ②:

- Name: _____
- Relationship to _____
- Birth Date: _____
- Social Security _____
- Driver's License _____
- Home Address: _____
- Home Phone Number: _____
- Work Address: _____
- Work Phone Number: _____

Co-Guardian's Information (if any)

Fax Number:

All proposed Guardians must answer these questions:1. Have you ever been convicted of **Answer this question** offense? Yes No

If yes

If yes, answer this question

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

 Yes **Answer this question**

If yes, explain:

If yes, answer this question**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: **Today's Date**

Proposed Guardian 2 signs here:

Co-Guardian Signs Name

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

▪ Social Security Number: _____

▪ Driver's License Number: _____ State: _____

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

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

FOR COURT USE ONLY

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

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self-Represented****SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**

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

In the Matter of the Guardianship of:**Child(ren)'s Full Legal Name****(List all the children in the guardianship case)**

**SAMPLE
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on this copy!**

AUTHORIZATION FOR RELEASE OF INFORMATION	CASE NUM	Write (PR) Case #
-------------------------------------------------	----------	--------------------------

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, **Your Full Legal Name** /

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**Sign Your Name**

Dated:

Original to: Probate Court Investigator

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

This form
the appoi
fees in the
other civil
interests o
If the ward

Do not complete if you are a parent of the minor child(ren) subject to the guardianship.

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 the ward's or conservatee's estate or settlement in the amount of the waived fees and costs.

charge the ward or conservatee, or his or her estate, any

tioner for
of court
any
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Clerk stamps date here when form is filed.

**SAMPLE
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on this copy!**

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 in the guardianship case)

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

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 the court to waive 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 whose
guardianship you are asking
to terminate

4 Work
Fin
Ad
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Leave Blank

5 Ward or Conservatee
Name of employer
Employer's address
Child #1's Employer (if working)
Child #1's Employer's Address, City, State, Zip

State: _____ Zip: _____

Name of (Proposed) Ward or Conservatee:

Child(ren)'s Full Legal Name

Case Number:

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?**

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 \$786.67 for each extra person.
1	\$2,265.00	3	\$3,838.34	5	\$5,411.67	
2	\$3,051.67	4	\$4,625.00	6	\$6,198.34	

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:

Street or mailing address:

City:

Phone:

Child #1's Father's Full Legal Name**Child #1's Father's Street Address****City, State, Zip****Child's #1's Father's Phone #**b. Name of ward's mother:

Street or mailing address:

City:

Phone:

Child #1's Mother's Full Legal Name**Child #1's Mother's Street Address****City, State, Zip****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:

Date of order:

Is there a Child Support Court order for child #1?**If yes, answer as much information you know about that case 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(ren) gets money from his or her parents.

(15) **Ward**

a. List the people who get money before the ward dies. (BA, annuity, etc.)

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

b. Total amount of money:

(16) **Ward**

a. List the people who get money from the ward.

(1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) _____
 (6) _____
 (7) _____
 (8) _____
 (9) _____
 (10) _____

b. Total amount of money:

Total monthly expenses:

To list any expenses not listed above, attach a separate sheet of paper and attach it to this form. List each expense and the amount paid monthly. If the amount is not known, estimate it. If the amount is not known and cannot be estimated, attach a separate sheet of paper and attach it to this form.

Important:

If the ward's or conservatee's 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.

Leave Blank

Property

Much You
weMuch You
weMuch You
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low:

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

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

Total monthly expenses

(add 18a – 18n above): \$ _____

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:

Name: Self-Represented State Bar No: _____

Firm

Street

City:

E-mail:

Leave Blank

State Bar No: _____

State Zip: _____

Telephone: _____

3 Child #1's Full Legal Name

Child's Street Address

City, State, Zip

Child's Phone #

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

Name: Self-Represented State Bar No: _____

Firm or Affiliation:

Leave Blank

Street _____

City _____

E-mail: _____ Telephone: _____

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

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

Leave Blank

Making copies and certifying copies

- Sheriff's fee to give notice

Giving notice and certifying

- Sending papers to another court department
(List continued on next page.)

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

Name of (Proposed) Ward or Conservatee:

Case Number:

Child(ren)'s Full Legal Name

Probate Case #

6 a. (1) • Reporter's fee for attendance at hearing or trial, if you request that the court provide an official reporter

Leave Blank

(2) _____
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b. _____
(1) _____
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(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:

Child(ren)'s Full Legal Name

Case Number:

Probate 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 waiver, might not proceed reimbursed of administration obligations of spouse or conservator.

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Date:

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Date

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This is a Court Order.