

SAMPLE

TERMINATE GUARDIANSHIP

Rev. 1/2026

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

Do not file or write in this packet.

ATTORNEY FOR (Name): Your Full Legal Name Your Street Address Apt# City State Zip Phone # E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
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	
<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Child(ren)'s Full Legal Name (List all the children in the guardianship case)	
NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP	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:	<input checked="" type="checkbox"/> Dept.: 74	<input type="checkbox"/> Room:
b. Address of court <input type="checkbox"/> same as noted above <input checked="" type="checkbox"/> 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 OF (Name) <div style="border: 1px solid black; padding: 5px; text-align: center;"> Child(ren)'s Full Legal Name (List all the children in the guardianship case) </div>	STATE _____ CASE NUMBER: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> Write (PR) Case # </div>
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NOTE:*

A copy of this *Notice of Hearing* has a right under the law to be served. 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 that the server performs the service must complete and attached to this Notice when it is filed.

This is a proof of service for the current Guardians to be mailed a copy of the forms by an adult, not you.

Also the parents, grandparents (maternal/paternal), chil(ren) above (12 years +), and half-brother/sisters (12 years +) will need to be mailed a copy too.

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

* (This Note replaces the clerk's certificate of service on 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.
2. My residence or business address is (*specify*) :

Server's Street Address
City, State, Zip Code

 _____ county where the mailing occurred.
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.
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 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

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Server Prints Name </div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Server Signs Name </div>
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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. <div style="border: 1px solid black; padding: 5px;"> Guardian's Full Legal Name </div>	<div style="border: 1px solid black; padding: 5px;"> Guardian's Current Address Street Address, City, State, and Zip </div>
2. <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
3. <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
4. <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

List current guardians, parents, grandparents (maternal/paternal), chil(ren) above (12+ years old), and half-brother/sisters (12+ years old) 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.)

Your Full Legal Name Your Street Address Apt# City State Zip Phone # <small>TELEPHONE NO.: FAX NO. (Optional):</small> <small>E-MAIL ADDRESS (Optional):</small> <small>ATTORNEY FOR (Name):</small> Self-Represented	<small>FOR COURT USE ONLY</small> <div style="font-size: 24pt; font-weight: bold; margin: 20px 0;">SAMPLE ONLY</div> <div style="font-size: 18pt; font-weight: bold; margin: 0;">Do not write on this copy!</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara <small>STREET ADDRESS:</small> 191 N. First Street <small>MAILING ADDRESS:</small> 191 N. First Street <small>CITY AND ZIP CODE:</small> San Jose, CA 95113 <small>BRANCH NAME:</small> Probate Courthouse - DTS	<small>CASE NUMBER:</small> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 80%;">Write (PR) Case #</div>
<small>GUARDIAN (Name):</small> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 80%;">Child(ren)'s Full Legal Name (List all the children in the guardianship case)</div>	<small>HEARING DATE AND TIME:</small> <small>DEPT.:</small>
PETITION FOR TERMINATION OF GUARDIANSHIP	

1. Petitioner (name) **Your Full Legal Name** requests that
- a. ☒ the guardianship of the PERSON of (minor): **Child(ren)'s Full Legal Name(s)** 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 **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): **Date Letters of Guardianship (Order) was filed.**
4. ☐ (Name): 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+yearsold) 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.)

GUARDIAN (Name)	Child(ren)'s Full Legal Name (List all the children in the guardianship case)	CASE NO. Write (PR) Case #
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9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify) :

Guardian's Name
Street Address, City, State, Zip
Child(ren)'s Name
Street Address, City, State, Zip
Father's Name
Street Address, City, State, Zip
Mother's Name
Street Address, City, State, Zip
Brother/Sister's Name
Street Address, City, State, Zip
Brother/Sister's Name
Street Address, City, State, Zip

Brother/Sister's Name
Street Address, City, State, Zip
Maternal Grandfather's Name
Street Address, City, State, Zip
Maternal Grandmother's Name
Street Address, City, State, Zip
Paternal Grandfather's Name
Street Address, City, State, Zip
Paternal Grandmother's Name
Street Address, City, State, Zip

☐ 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 that I am a resident 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 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:
If any of the family members above agree with your request to end the guardianship, they will fill in this part.

Date:

Date:

If not, this area will stay blank.

Date:

☐ Additional signatures on Attachment 11.

* Minor over 12 years of age.

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

Write (PR) Case #

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:**

**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?**

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

GUARDIANS

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

CASE NUMBER

Write (PR) Case #

ATTACHMENT (Number) : 7

Page _____ of _____

(Add pages as required)

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.

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.

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.

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

ATTORNEY FOR (Name) : Your Full Legal Name Your Street Address Apt# City State Zip Phone # E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name) : Self-Represented	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
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)	OR
ORDER TERMINATING GUARDIANSHIP	
CASE NO.	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.

THE COURT ORDERS

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.

6. ☐

7. ☐

Date _____

minated.
minated.

Leave Blank

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

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 <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
Your Full Legal Name Your Street Address Apt# City State Zip 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 guardianship.) PETITIONER: Leave Blank RESPONDENT: OTHER PARTY: 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)	
CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Write (PR) Case # </div>	

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.		

☐ Check this box if you are attaching an additional page to this form.
☐ Check here, 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 and attach form FL-105(A) to list each child's address information.

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:	To:			

☐ Additional page needed for more addresses.
☐ Check here if the children had different address information, then complete the above for the oldest child and use FL-105(A) for each additional child.

CASE NAME:

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

CASE NUMBER:

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?

If yes, describe the type of case, case #, and what happened to any of the cases listed above.

Case status

have one

re (date)

5. ☐ 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?

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

information):

d address of person:

a. Name and address of

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

(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

Write (PR) Case #

Case number (if you have one): _____

Guardianship of _____

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

☐ Person ☐ Estate

- Do you think _____ is the best person to be guardian? ☐ Yes ☐ No

Answer this Question

If yes, who? _____ Telephone number: _____

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

Answer this Question

If yes, which County: ☐ Santa Clara ☐ Other (County name): _____Are there any other children in this case? ☐ Yes ☐ No

Answer this Question

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

What is the address of the home? _____

Answer this Question

Information about the CHILDREN

- Child #1
- Birth Date
- Social Security #
- School, _____

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 #
- School, _____

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 #
- School, _____

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

**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.

CONFIDENTIAL – DO NOT PUT IN COURT FILE

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

Your Full Legal Name Your Street Address Apt# City State Zip Phone #		<small>FOR COURT USE ONLY</small> SAMPLE ONLY Do not write on this copy!			
<small>E-MAIL ADDRESS (Optional):</small> <small>ATTORNEY FOR (Name):</small> 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: <div style="border: 1px solid black; padding: 10px; text-align: center;"> Child(ren)'s Full Legal Name (List all the children in the guardianship case) </div>					
AUTHORIZATION FOR RELEASE OF INFORMATION		<small>CASE NUM</small>	<div style="border: 1px solid black; padding: 5px;"> Write (PR) Case # </div>		

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,

Your Full Legal Name

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: **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 is for the appointment of a guardian of the estate and/or conservator of the person for a minor child(ren) subject to the guardianship. If the ward or conservatee 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 must charge the ward or conservatee, or his or her estate, any

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

Clerk stamps date here when form is filed.

**SAMPLE
ONLY
Do not write
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. First 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 #

Your Street Address Apt#

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 to terminate the guardianship.

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 W Leave Blank

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?

- 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: **Child #1's Father's Full Legal Name** _____ h): _____
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** _____ h): _____
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)*: ☐ Married ☐ Divorced
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?** _____
Date of order: **If yes, answer as much information you know about that case here.** _____



Na

Child(ren)'s Full Legal Name

9

Leave Blank

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

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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:

Today's Date

Print Your Name

Print your name here

Sign Your Name

Sign here

Rev. August 1, 2022

Request to Waive Court Fees
(Ward or Conservatee)

FW-001-GC, Page 3 of 4
➔

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) has/have property

15

Ward's or conservatee's income and expenses

a. List all sources of income (BA, annuities, etc.) and expenses (rent, utilities, etc.) of the ward or conservatee. (1) (2) (3) (4) (5) b. Total income and expenses

16

Ward's or conservatee's assets and liabilities

a. List all assets (real estate, bank accounts, etc.) and liabilities (mortgages, loans, etc.) of the ward or conservatee. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) b. Total assets and liabilities

Total monthly income and expenses

To list any other monthly expenses (proposed living expenses, etc., attach a separate sheet of paper titled "Financial Information" and the ward's or conservatee's name and case number at the top.

Important: If the ward 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.

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

Paid to:

How Much?

(1) \$

(2) \$

(3) \$

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

Rev. August 1, 2022

Request to Waive Court Fees (Ward or Conservatee)

FW-001-GC, Page 4 of 4

**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:

Name: **Self-Represented**

State Bar No: _____

Firm

Leave Blank

Street

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 (1) 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 case number and name:

Case Number:

Probate Case #

Case Name: Guardianship of:

Child(ren)'s Full Legal Name(s)

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

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

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

b. ☐

c. (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:

Child(ren)'s Full Legal Name

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, you might not be able to proceed with the case. You may be responsible for paying the court fees and the expenses of administering the estate. If you are the guardian or conservator, you have a legal obligation to pay the court fees and the expenses of administering the estate.

Leave Blank

Hearing Date

Date:



I certify

☐ I have read the

☐ This

from

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Date

after—

expenses

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deputy

This is a Court Order.