

SAMPLE

TERMINATE GUARDIANSHIP

Rev. 8/22/2022

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

Do not file or write in this packet.

ATTORNEY FOR (Name): Self-Represented Your Full Legal Name Your Street Address Apt# City State Zip Phone # E-MAIL ADDRESS (Optional): SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate Courthouse - DTS	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
<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	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.)



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

NOTE:*

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

- I am over the age of 18 and not a party to this case. **Server's Street Address** County where the mailing occurred.
- My residence or business address is (*specify*) : **City, State, Zip Code**
- 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. **Date Server Mailed MM/DD/YYYY** **Place Server Mailed (City/State)**
- a. Date mailed: _____ b. Place mailed (*city, state*) _____
- I served with *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: **Date Server Signs**

(TYPE OR PRINT NAME) **Server Prints Name** (SIGNATURE) **Server Signs Name** (FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

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

1.	Guardian's Full Legal Name	Guardian's Current Address Street Address, City, State, and Zip
2.		
3.		
4.		

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 #

FOR COURT USE ONLY

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

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

HEARING DATE AND TIME:

DEPT.:

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

Mark how you are related to child(ren)

2. Petitioner is the **Guardian's Full Legal Name**
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) : **Date Letters of Guardianship (Order) was filed.** 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. **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".**

7. **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 N

Write (PR) Case #

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 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:

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

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 #

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27

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

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.)

FOR COURT USE ONLY

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

YOUR FULL LEGAL NAME
YOUR STREET ADDRESS **Apt#**
CITY STATE ZIP
PHONE #

E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name): **Self-Represented**

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

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

ORDER TERMINATING GUARDIANSHIP

SAMPLE ONLY
Do not write on this copy!

CASE NUMBER: **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. **Leave Blank**
 d.
 e.
 f.
 g.
 h.
 i.
 j.
 k.
 l.

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.

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

Leave Blank

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 (Name, State Bar number, and address):

Your Full Legal Name

Your Street Address Apt#

City State Zip

Phone #

E-MAIL ADDRESS (Optional):

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

CASE NUMBER:

Write (PR) Case #

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**

(This section applies only to family law cases.)

PETITIONER: **Leave Blank**

RESPONDENT: **Leave Blank**

OTHER PARTY: **Leave Blank**

GUARDIAN OF THE PROPERTY OF: **Child(ren)'s Full Legal Name (List all the children in the guardianship case)**

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

- I am a party to this proceeding to determine custody of a child.
- My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 1.
- There are (specify number) **# of Children listed above** children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

Child #1 Full Legal Name | City/State born | Birthday (MM/DD/YYYY) | Gender

List where the child(ren) have lived for the last 5 years. Start with current address and work backwards.

Child #2 Full Legal Name | City/State born | Birthday (MM/DD/YYYY) | Gender

Period of residence: Address: Person child lived with (name and complete current address): Relationship:

If there are multiple children and they have always lived together, you don't need to repeat the same information, just check this box.

If not, you'll need to write where the 2nd child has for the last 5 years.

to

Child's residence (City, State) Person child lived with (name and complete current address)

If there are 3 or more children, you need to mark 3d and you will need an additional form to list those kids, please see staff for additional form.

c. Additional
d. Additional



SHORT	Child(ren)'s Full Legal Name (List all the children in the guardianship case)	CASE NUMBER	Write (PR) Case #
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4. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?

Yes No

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?

Proceeding

a. Family

b. Guardianship

c. Other

Proceeding

d. Juvenile Delinquency
Juvenile Dependence

e. Adoption

5. One or more documents attached and provide the following information:

Court

a. Criminal

b. Family

c. Juvenile Delinquency
Juvenile Dependence

d. Other

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

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?

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

a. Name and address of person	Person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child

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

Today's Date	Print Your Name	Sign Your Name
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

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

XXXXXXXXXX ship of (name)

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

Person Estate

Do you think anyone will disagree with the guardian?

Answer this Question

If yes, who? Name:

Telephone number:

Has Child Protective Services (CPS) ever been called about the child(ren) in this case?

Answer this Question

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

Are there any custody orders about the child(ren) in this case?

Answer this Question

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

Information about the CHILD(REN)

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

Information about the PROPOSED GUARDIAN'S ATTORNEY

Proposed Conservator doesn't have an attorney

Guardian
XXXXX

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

Proposed Guardian 1 :

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

Proposed Guardian 2 :

Name:
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? **Answer this question**

If yes, w **If yes, answer this question**

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

If yes **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:

Proposed Guardian 2 signs here: _____

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

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

- Na
- Bi
- Sc
- Dr

- Na
- Bi
- Sc
- Dr

- Na
- Bi
- Sc
- Dr

- Na
- Bi
- Sc
- Dr

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



<div style="border: 2px solid black; padding: 5px;"> <p>Your Full Legal Name</p> <p>Your Street Address Apt#</p> <p>City State Zip</p> <p>Phone #</p> </div> <p><small>E-MAIL ADDRESS (Optional):</small></p> <p><small>ATTORNEY FOR (Name):</small> Self-Represented</p>	<p><small>FOR COURT USE ONLY</small></p> <p style="font-size: 2em; font-weight: bold;">SAMPLE ONLY</p> <p style="font-size: 1.5em; font-weight: bold;">Do not write on this copy!</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> <p><small>COURT ADDRESS:</small> 191 North First Street, San José, California 95113</p> <p><small>PHONE NUMBER:</small> (408) 882-2651</p> <p><small>FAX NUMBER:</small> (408) 882-2693</p> <p><small>BRANCH NAME:</small> Downtown Courthouse – Probate Division</p>	
<p>In the Matter of the Guardianship of:</p> <div style="border: 2px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> <p>Child(ren)'s Full Legal Name (List all the children in the guardianship case)</p> </div>	
<p>AUTHORIZATION FOR RELEASE OF INFORMATION</p>	<p><small>CASE NUM</small> Write (PR) Case #</p>

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

I/we, 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**

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)**

This form is for the appointment of a guardian of the property of a minor child(ren) who is 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 will be charged the ward or conservatee, or his or her estate, any

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 for the appointment of a guardian or conservator.

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 **Leave Blank**

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

State: _____ Zip: _____



Name of (Proposed) Ward or Conservatee:

Case Number:

Child(ren)'s Full Legal Name

Leave Blank

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

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

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

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

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

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

Minor's income is zero

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

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

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

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

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

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

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

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

10 Ward's Parents' Information:

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

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

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

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



Name

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

11) **Conse**

Inv

12) **Conse**

Name of

Date of

Street of

City: _____

Name of

Employ

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If you s

the inc

Div

Court: _____

Case N

Date of

Partner

rvator is

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13) **The C**

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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:

Print your name here

Sign here



Child(ren)'s Full Legal Name

Leave Blank

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

14 Child's property from the household

15 Ward's a. List all property that gets sold before the ward's or conservatee's appointment, including (1) (2) (3) (4) (5)

16 Ward's a. List all property held by the ward or conservatee, including (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Total monthly household expenses

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

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

Leave Blank

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

Clerk stamps date here when form is filed.

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

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 (Child #1's Full Legal Name
Child's Street Address
City, State, Zip
Child's Phone #**

Fill in case number and name:

Case Number: **Probate Case #**
Case Name: **Guardianship of:**

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

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

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

- 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)

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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:

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, might not proceed, reimbursement of administrative obligations spouse of conservator

after— expenses, the, the

Leave Blank

He

:

Date:



sign
rk's

I certify

- I have
- This is from
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deputy

This is a Court Order.