

Superior Court of California, County of Riverside
Fee Waiver Guardianship & Conservatorship

Your Information (person applying to be guardian/ conservator):

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

What type of case are you filing?

Guardianship Conservatorship

Name of person who needs a guardian/ conservator appointed by the court

Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Where to file?

Palm Springs Riverside Temecula

Guardianship Only (Fill this section out for guardianship case only)

Date of Birth (MM/DD/YYYY): _____ Age: _____

Name of Minor's Father: _____

(First, Middle, Last)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Name of Minor's Mother: _____

(First, Middle, Last)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Conservatorship Only (Fill this section out for conservatorship case only)

Name of Spouse/ Domestic Partner
person who needs Conservatorship: _____

Date of Marriage/ Partnership: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Filing Options:

Clerk stamps date here when form is filed.

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

If the ward or conservatee (including a proposed ward or conservatee if a petition for appointment of a guardian or conservator has been filed but has not yet been decided by the court) directly receives public benefits or is supported by public benefits received by another for 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 such settlement in the amount of the waived fees and costs. The court may also charge the ward or conservatee, or his or her estate, any collection costs.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

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

Name: _____ Phone: _____
 Street or mailing address: _____
 City: _____ State: ____ Zip: _____

2 Your Lawyer (*if you have one*): Name: _____

Firm or Affiliation: _____ State Bar No.: _____
 Address: _____ Phone: _____
 City: _____ State: ____ Zip: _____ E-mail: _____

- a. The lawyer has agreed to advance all or a portion of court fees or costs (*check one*): Yes No
- b. (*If yes, your lawyer must sign here.*) Lawyer's signature: _____
If your lawyer is not providing legal-aid type services based on your or the ward's or conservatee's low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

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

Name: _____ Age and date of birth (*ward only*): _____
 Street or mailing address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____

4 Ward's or Conservatee's Lawyer, if any: Name: _____

Firm or Affiliation: _____ State Bar No.: _____
 Address: _____ Phone: _____
 City: _____ State: ____ Zip: _____ E-mail: _____

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

Name of employer: _____
 Employer's address: _____ State: ____ Zip: _____



Name of (Proposed) Ward or Conservatee: _____

Case Number: _____

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

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

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

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

- a. The ward or one or both of the ward's parents, or the conservatee or the conservatee's spouse or registered domestic partner, receive (check all that apply):
- Supplemental Security Income (SSI) State Supplemental Payment (SSP) SNAP (Food Stamps)
 - IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF Medi-Cal
 - County Relief/General Assistance CAPI (Cash Assistance Program for Aged, Blind, and Disabled)
- (Names and relationships to ward or conservatee of persons who receive the public benefits listed above):

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
1	\$1,329.17	3	\$2,262.50	5	\$3,195.84
2	\$1,795.84	4	\$2,729.17	6	\$3,662.50

If more than 6 people at home, add \$466.67 for each extra person.

- 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: _____ Deceased (date of death): _____
Street or mailing address: _____
City: _____ State: ____ Zip: _____
Phone: _____

b. Name of ward's mother: _____ Deceased (date of death): _____
Street or mailing address: _____
City: _____ State: ____ Zip: _____
Phone: _____

c. Ward's parents are (check all that apply): married living together separated divorced
Support order for ward? No Yes Payable to (name): _____
Payor (name): _____
Court: _____ Case Number: _____
Date of order (if multiple, date of latest): _____ Monthly amount: _____



Name of (Proposed) Ward or Conservatee: _____

Case Number: _____

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

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

Inventory or petition estimated value: _____ Est. collection date: _____

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

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

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

Street or mailing address: _____ Phone: _____

City: _____ State: _____ Zip: _____

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

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

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

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

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

Court: _____

Case Number: _____ Support order for conservatee? No Yes

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

13 The Conservatee and Trusts:

The conservatee:

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

b. is is not a beneficiary of a trust.

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

All applicants who checked item 8b or item 8c on page 2 must continue to and follow the instructions for completion of items 14–16 or items 14–18 on page 4, before signing below.

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

Date: _____

Print your name here

Sign here



Name of (Proposed) Ward or Conservatee:

Case Number:

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

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

15 Ward's or Conservatee's Gross Monthly Income
a. List the source and amount of any income the ward or conservatee gets each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) \$
(2) \$
(3) \$
(4) \$
(5) \$
b. Total monthly income: \$

16 Ward's or Conservatee's Household's Income
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on him or her for support, or on whom he or she depends in whole or in part for support.
Table with columns: Name, Age, Relationship, Gross Monthly Income
(1) \$
(2) \$
(3) \$
(4) \$
(5) \$
(6) \$
(7) \$
(8) \$
(9) \$
(10) \$
b. Total monthly income of persons above: \$

Total monthly income and household income (15b plus 16b): \$

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

Check here if you attach another page. []

Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC.

Do not include income of guardian or conservator living in the household in item 16, 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.

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

a. Cash \$
b. All financial accounts (list bank name and amount):
(1) \$
(2) \$
(3) \$
c. Cars, boats, and other vehicles
Table with columns: Make / Year, Fair Market Value, How Much You Still Owe
(1) \$
(2) \$
(3) \$
d. Real estate
Table with columns: Address, Fair Market Value, How Much You Still Owe
(1) \$
(2) \$
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Table with columns: Describe, Fair Market Value, How Much You Still Owe
(1) \$
(2) \$

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

a. List any payroll deductions and the monthly amount below:
(1) \$
(2) \$
(3) \$
(4) \$
b. Rent or house payment and maintenance \$
c. Food and household supplies \$
d. Utilities and telephone \$
e. Clothing \$
f. Laundry and cleaning \$
g. Medical and dental expenses \$
h. Insurance (life, health, accident, etc.) \$
i. School, child care \$
j. Child, spousal support (another marriage) \$
k. Transportation, gas, auto repair and insurance \$
l. Installment payments (list each below):
Paid to:
(1) \$
(2) \$
(3) \$
m. Wages/earnings withheld by court order \$
n. Any other monthly expenses (list each below):
Paid to: How Much?
(1) \$
(2) \$
(3) \$

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

Clerk stamps date here when form is filed.

1 (Proposed) guardian or conservator who asked the court to waive court fees for (proposed) ward or conservatee:Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____**2 Lawyer, if person in 1 has one:**Name: _____ State Bar No: _____
Firm or Affiliation: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Telephone: _____**3 (Proposed) ward or conservatee:**Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____**4 Lawyer for (proposed) ward or conservatee, if any:**Name: _____ State Bar No: _____
Firm or Affiliation: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Telephone: _____**5 A request to waive court fees was filed on (date): _____** The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:**Case Name:****Read this form carefully. All checked boxes are court orders.****Notice:** The court may order you to answer questions about the ward's or conservatee's finances after granting a waiver and may later order payment of the waived fees from his or her estate. If this happens and the fees are not paid, the court can also charge collection fees. The court may also direct you to make efforts to collect money to pay back waived fees from persons who owe a duty to support the ward or conservatee. If there is a change in the ward's or conservatee's financial circumstances during this case that increases his or her ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010-GC.)If this case is an action against another party and you win the case on behalf of the ward or conservatee, the trial court may order the other side to pay some or all of the waived fees. If you settle the matter for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

The court may also have a lien against the ward's or conservatee's estate that must be paid before the estate is distributed, the guardianship or conservatorship proceeding is concluded, and you are discharged as guardian or conservator.

6 After reviewing your: Request to Waive Court Fees Request to Waive Additional Court Fees**the court makes the following orders:**a. The court **grants** your request concerning the ward's or conservatee's court fees and costs, as follows:(1) **Fee Waiver.** The court grants your request and waives the fees and costs listed below.*(Cal. Rules of Court, rules 3.55 and 8.818.)* You do not have to pay the court fees for the following:

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

(List continued on next page.)

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

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

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

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

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

(1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date of service on next page) to:

- Pay the ward’s or conservatee’s fees and costs, or
- File a new revised request that includes the items listed: Below On Attachment 6b(1)

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

- Below On Attachment 6b(2)

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

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

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

- Below On Attachment 6c(1)

(2) Bring the items of proof to support your request, if reasonably available, that are listed:

- Below On Attachment 6c(2)




Name of (Proposed) Ward or Conservatee:

Case Number:

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

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

	Date: _____	Time: _____	_____
	Dept.: _____	Room: _____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Name and address of court if different from above:

Date: _____



Signature of (check one): Judicial Officer Clerk, Deputy



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

Clerk's Certificate of Service

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

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

Date: _____

Clerk, by _____, Deputy
Name: _____

This is a Court Order.