Self-Help Services www.occourts.org/self-help

FEE WAIVER FOR GUARDIANSHIPS AND CONSERVATORSHIPS

SELF-HELP FORM PACKET

Attention



New Probate Court and In-Person Location:

Costa Mesa Justice Complex 3390 Harbor Boulevard Costa Mesa, CA 92626



SHC-PB-12 (Rev. 04/01/2024)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

- 1. Complete the attached forms in black ink.
- 2. Scan your completed forms and save as a single PDF file.
- 3. Go to www.occourts.org/self-help (click the blue button labeled *Click Here to Contact Self-Help Services*), attach the PDF, and complete the online request form. Make sure to select PROBATE as the case type on the form

www.occourts.org/self-help

FW-001-GC

Request to Waive Court Fees (Ward or Conservatee)

CONFIDENTIAL

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

If the ward or conservatee (including a proposed ward or conservatee if a petition for appointment of a guardian or conservator has been filed but has not yet been decided by the court) directly receives public benefits or is supported by public benefits received by another for their support, is a low-income person, or does not have enough income to pay for their household's basic needs and the court fees, you may use this form to ask the court to waive the court fees. The court may order you to answer questions about the finances of the ward or conservatee. If the court waives the fees, the ward or conservatee, their estate, or someone with a duty to support the ward or conservatee, may still have to

- 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

	Clerk stamps date here when form is filed.
•	·

Fill in court name and street address:

Superior Court of California, County of **Orange**

3390 Harbor Boulevard Costa Mesa, CA 92626 Costa Mesa Justice Complex

Fill in case number and name:

Case Numi	ber:		
Case Name	9:		

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:				
Your Lawyer (if you have one): Name:						
Firm or Affiliation:				.:		
Address:						
City:						
a. The lawyer has agreed to adv						
b. (If yes, your lawyer must sign If your lawyer is not providing you may have to go to a hear Ward's or Conservatee's In:	ng legal-aid type servi ring to explain why yo	u are asking the	court to waive the fees.			
If your lawyer is not providing you may have to go to a hear Ward's or Conservatee's In	ng legal-aid type servi ring to explain why yo formation (file a sep	u are asking the arate Request fo	court to waive the fees. or each ward in a multiwa	rd case):		
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If your lawyer is not providing you may have to go to a hear Ward's or Conservatee's In: Name: Street or mailing address: City: Phone: Ward's or Conservatee's Law Firm or Affiliation: Address:	ng legal-aid type serviring to explain why you formation (file a september of the service) State: State: State: O (job title; if not employed)	u are asking the arate Request for Zip:	court to waive the fees. or each ward in a multiwar Age and date of bir State Bar No Phone: Email:	rd case): th (ward only):		



Nam	ie o	f (Proposed) Ward	l or Conservat	tee:			se 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).) ☐ Check here if you asked the court to waive court fees for this case in the last six months.								
7		Check here if you a (If your previous re						ere): 🗌	
8		domestic partn Supplement	ne or both of the er, receive <i>(che</i> al Security Inco	e ward's parenteck all that appoints (SSI)	nts, or the cons (ply): State Supplen	ervatee or the nental Paymer	conservatee's at (SSP) SI	spouse or registered NAP (Food Stamps)	
		☐ County Reli ☐ Special Supp ☐ Unemployn	ef/General Ass plemental Nutr nent Compensa	istance ition Program	for Women, In	Assistance Pro Infants, and Ch	gram for Aged ildren (WIC Pr	ledi-Cal , Blind, and Disabled) rogram) nefits listed above):	
			1		<i>J</i> 1		1		
	b.							for taxes) is less than e 4 of this form.)*	
		1	\$2,510.00	3	\$4,303.34	5	\$6,096.67	If more than 6 people at home, add \$896.67	
		2	\$3,406.67	4	\$5,200.00	6	\$6,993.34	for each extra person.	
	(Do	fees. I ask the co (1) Waive all co (3) Let the (propayments co not include income	court to (check of court fees and coposed) guard over time. of guardian or	one, and you necosts. ian or conservator	nust fill out iter (2) Waive vator, on behalf living in the ho	ns 14, 15, 16, some court fe of the (propousehold in 8b	17, and 18 on a costs. sed) ward or count	onservatee, make them in family size in	
9 (10)	W So	Guardians ard's Estate: Indicate (e.g., gift, inhe	or petitioner Person only, no ritance, settlen	s for their a	ppointment i	must complementation estimate	ete items 9 a ated value:	ŕ	
10					Γ	Deceased	(date of death)	:	
		Street or mailing a	ddress:					•	
		City:		Si	ate: Zip	:	_		
		Phone:		_					
	b.	Name of ward's pa	rent:			Deceased	(date of death)):	
		Street or mailing a	ddress:	Str	ote: 7in	•			
		City:Phone:			ate Zip	•	-		
	C	·			narried \square	living togethe	er 🗆 senar	ated divorced	
	C.	_		~ ~ .			_	ated divorced	
		Payor (name):							
		Court:				C			
		Date of order (if m	ultiple, date of	[latest):		Monthly	amount:		
Rev. Ap	ril 1, 2	024		Request to	Waive Court	Fees		FW-001-GC Page 2 of 4	

Nam	e of (Proposed) Ward or Conservatee:	Case Number:
	Conservators or petitioners for their appo	pintment 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 partr	ner: Spouse Partner
	Date of marriage or partnership:	_ Deceased (date of death):
	Street or mailing address: City: Name of employer (if none, so state): Employer's address:	Phone:
	Name of employer (if none, so state):	Zip:
	Employer's address:	State: Zip:
	The conservatee's spouse or partner is is not manage, some or all of the couple's communit	naging, or following appointment of a conservator is y property outside the conservatorship estate.
	If you selected "is" above: The income, money, and proper the income and property managed, or expected to be mana	ged, by the spouse/partner outside the estate.
	Divorced (date of final judgment or decree):	
	Court: Support order for con	assamintan ⁹ No No Vos
	Date of support order (if multiple, date of latest):	
true	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 statement the current address and telephone number of the current trust and the nature and value of the conservative frequency of any distributions to or for the benefit of the current which you are aware. (You may use Judicial Council form All applicants who checked item 8b or item 8c of instructions for completion of items 14–16 or items and correct to the best of my information and belief. The hments concerning myself is true and correct. I declare	astee(s) of each trust, describe the general terms of and atee's interest in each trust, and the amount(s) and onservatee prior to your appointment as conservator of MC-025 for this purpose.) on page 2 must continue to and follow the ms 14–18 on page 4, before signing below. ments about the (proposed) ward or conservatee is e information I have provided on this form and all
	alifornia that the foregoing is true and correct.	
Date:	·	
	Print your name here	Sign here



If you checked 8a on page 2, do not fill out below. If you checked 8b, you must answer questions 14–16. If you checke 8c, you must answer questions 14–18. If you need more space, attach form MC-025 or attach a sheet of paper, and wi "Financial Information" and the ward's or conservatee's name and case number at the top. 14
8c, you must answer questions 14—18. If you need more space, attach form MC-025 or attach a sheet of paper, and with initial information and the ward's or conservatee's name and case number at the top. 14
from month to month. If it does, complete the form based on their average income for the past 12 months. 15 Ward's or Conservatee's Gross Monthly Income a. List the source and amount of any income the ward or conservatee gets each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1) \$ Cars, boats, and other vehicles Make / Year Value Still Owe Still Owe (1) \$
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 jobrelated expenses, gambling or lottery winnings, etc. (1) \$ Cars, boats, and other vehicles Make / Year Value Still Owe Still
a. List the source and amount of <i>any</i> 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, annutites, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1)
a. List the source and amount of <i>any</i> 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, annutites, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1)
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 jobrelated expenses, gambling or lottery winnings, etc. (1)
disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1)
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related expenses, gambling or lottery winnings, etc. (1)
(1)
(1)
d. Real estate Fair Market Value Still Owe Address Value Still Owe Address Value Still Owe (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(3)
b. Total monthly 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 for support. Name Age Relationship (1) (2) (2) (3) (4) (4) (5) (C) (1) (2) (C) (Describe (C) (Describe (C) (C) (Describe (C) (Describe (C) (Describe (C) (Describe (C) (A) (Bound in whole or in part for support (Givelry, furniture, furs, stocks, bonds, etc.): (Bound in whole or in part on them for support, or on whom they depend in whole or in part for support. (Bound in whole or in part on them for support, or on whom they depend in whole or in part for support. (C) (Bound in whole or in part on them for support, or on whom they depend in whole or in part for support. (Bound in whole or in part on them for support, or on whom they depend in whole or in part for support. (C) (Describe
b. Total monthly income: \$
Ward's or Conservatee's Household's Income a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on them for support, or on whom they depend in whole or in part for support. Name
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on them for support, or on whom they depend in whole or in part for support. Name
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on them for support, or on whom they depend in whole or in part for support. Name Age Relationship Gross Monthly Income (1) (2) Ward's or Conservatee's Household's Monthly Deductions and Expenses (3) (3) (4) Age Relationship Simple Still Owe \$ Age Relationship Simple Still Owe \$ (1) (2) (3) (4) Still Owe \$ (1) (2) Simple Still Owe \$ (2) Simple Still Owe \$ Age Relationship Simple Still Owe \$ (1) Simple Still Owe \$ (2) Simple Still Owe \$ (2) Simple Still Owe \$ (3) (4) Still Owe \$ (4)
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Name Age Relationship Gross Monthly Income (2)\$\$ Ward's or Conservatee's Household's Monthly Deductions and Expenses a. List any payroll deductions and the monthly amount below: (1)\$ [2]\$\$ [3]
Name Age Relationship Gross Monthly Income \$ Deductions and Expenses (3)
(1)
(2) \$
(4) \$ (1) \$
(4)
(5) \$\$\$\$\$\$\$
h Dont or house normant and maintenance
(0)
(9) \$ (10) \$ d. Utilities and telephone \$
b. Total monthly income of persons above: \$ e. Clothing \$
Total monthly income and f. Laundry and cleaning \$
household income (15b plus 16b): \$ g. Medical and dental expenses \$
h. Insurance (life, health, accident, etc.)
To list any other facts you want the court to know, such as the i. School, child care j. Child, spousal support (another marriage) \$
j. Orina, speakar support (another marriage)
etc, attach form MC-025 or attach a sheet of paper and write k. Transportation, gas, auto repair and insurance \$
"Financial Information" and the (proposed) ward's or Paid to:
conservatee's name and case number at the top. (1)
(2)
Check here if you attach another page. (3) \$
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. n. Any other monthly expenses (list each below).
Paid to: How Much
Do not include income of guardian or conservator living (1)
Do not include income of guardian or conservator living (1) \$
in the household in item 16, their money and property in (2) \$

FW-002-GC

Request to Waive Additional Court Fees (Superior Court) (Ward or Conservatee)

This form must be used by a guardian or conservator, or a petitioner for the appointment of a guardian or conservator, in the guardianship or conservatorship proceeding or in any other civil action in which the guardian or conservator represents the interest of the ward or conservatee as a plaintiff or defendant, to ask the court to waive additional court fees that are not covered in a current order. If you have not already received an order that waived or reduced your court fees, you must complete and file a

Your Information (gua court to appoint a guardian Name:	Fill in case number and name: Case Number:		
Street or mailing address:			
City:			Case Name:
Phone number:			
Your Lawyer (if you have	one): Name:		
			State Bar No.:
			Telephone:
			E-mail:
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a head Ward's or Conservatee 	o advance all or a portion of t sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are a sep	of your fees or co ature: ces based on the e asking the coun arate Request fo	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case):
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a head Ward's or Conservatee Name: Street or mailing address: 	o advance all or a portion of the sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are a sep	of your fees or co ature: ces based on the e asking the coun arate Request fo	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only
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 a. The lawyer has agreed to (If yes, your lawyer muss) b. If your lawyer is not promay have to go to a head Ward's or Conservatee Name: Street or mailing address: City: Phone number: 	o advance all or a portion of t sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are sepsembled. State:	of your fees or co ature: ces based on the e asking the coun arate Request for Zip:	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only
 a. The lawyer has agreed to (If yes, your lawyer muss) b. If your lawyer is not promay have to go to a head Ward's or Conservatee Name: Street or mailing address: City: Phone number: Ward's or Conservatee 	o advance all or a portion of t sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are self-assep State: State:	of your fees or co ature: ces based on the e asking the coun arate Request fo Zip:	osts (check one):
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a head Ward's or Conservatee Name: Street or mailing address: City: Phone number: Ward's or Conservatee Firm or Affiliation: 	o advance all or a portion of the sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are sepsected. State: State: State: State: State:	of your fees or co ature:	osts (check one):
 a. The lawyer has agreed to (If yes, your lawyer muss) b. If your lawyer is not promay have to go to a head Ward's or Conservatee Name: Street or mailing address: City: Phone number: Ward's or Conservatee Firm or Affiliation: Address: 	o advance all or a portion of the sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are see State: State: State: State: State: State:	of your fees or co ature: ces based on the e asking the coun arate Request fo Zip:	osts (check one):
a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a head Ward's or Conservatee Name: Street or mailing address: City: Phone number: Ward's or Conservatee Firm or Affiliation: Address: City:	o advance all or a portion of the sign here.) Lawyer's sign oviding legal-aid type service ring to explain why you are see State: State: State: State:	of your fees or coature:	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Orange

3390 Harbor Boulevard

Address:				Telephone:	
City:	S	State:	Zip:	E-mail:	

Name of (Proposed) Ward or Conservatee:	Case Number:
What other fees do you want the court fee waiver order to cover? (Check all a. Jury fees and expenses b. Court-appointed interpreter fees for a witness c. Fees for a peace officer to testify in court d. Fees for court-appointed experts e. Other (specify):	l that apply):
Why does the ward or conservatee need these other services? (Explain):	
Notice: The court may order you to answer questions about the finances of the you, as guardian or conservator of his or her estate, to pay back waived fees. The efforts to collect money to pay back waived fees from persons who owe a duty to the fees are not paid back, the court may also charge collection fees. If there is a change in the financial circumstances of the ward or conservatee duability to pay fees and costs, you must notify the trial court within five days. (Using this case is a civil action against another person on behalf of the ward or conservated to the ward or conservated the court within five days.	ring this case that increases his or her se form FW-010-GC for this purpose.)
may order the other side to pay the fees. If you settle the case against another pet the ward's or conservatee's estate, the trial court will have a lien on the settleme. 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 m	ent in the amount of the waived fees.
distributed, the guardianship or conservatorship proceeding is concluded, and yo conservator.	
I declare under penalty of perjury under the laws of the State of California to correct.	hat the information above is true and
Date:	
Print your name here	Sign here

Case Number:

FW-003-GC	Order on Court Fee Waiv (Superior Court) (Ward o		Clerk stamps date here when form is filed.
	rdian or conservator who asl s for (proposed) ward or con		
Name:			
Street or mailing a	ddress:	_	
City:	ddress:State:	Zip:	
Telephone:		r ·	
	on in 1 has one:		
Name:		State Bar No:	
Firm or Affiliation	ı:		
Street or mailing a	ddress:		Fill in court name and street address:
City:	State:	Zip:	Superior Court of California, County of
E-mail:	Telep		Orange
<u> </u>			3390 Harbor Boulevard
() / ()	d or conservatee:		Costa Mesa, CA 92626
Name:	11		Costa Mesa Justice Complex
Street or mailing a	ddress:		Coola Moda Gasties Complex
City:	State:	Zip:	
Telephone:			
4 Lawyer for (pro	posed) ward or conservatee,	if any:	Fill in case number and name:
(-	-	State Bar No:	Case Number:
Firm or Affiliation			-
			-
City	ddress:	7.	Case Name:
City:	State: Telep	Zip:	_
5 A request to waive	e court fees was filed on (date):		
☐ The court mad	de a previous fee waiver order in t	his case on (date):	
	Read this form carefully. All	checked hoves Y are	court orders
	Read this form carefully. Att	Checkeu boxes A are	court orders.
and may later order pay can also charge collection from persons who owe financial circumstances	ment of the waived fees from his on fees. The court may also direct a duty to support the ward or cons	or her estate. If this hap you to make efforts to servatee. If there is a ch	rvatee's finances after granting a waiver opens and the fees are not paid, the court collect money to pay back waived fees ange in the ward's or conservatee's sees and costs, you must notify the trial
may order the other side	e to pay some or all of the waived	fees. If you settle the n	he ward or conservatee, the trial court natter for \$10,000 or more, the trial court rt may not dismiss the case until the lien
	e a lien against the ward's or cons nship or conservatorship proceeding		
6 After reviewing yo	our: 🗷 Request to Waive	e Court Fees	Request to Waive Additional Court Fees
	he following orders:		
	grants your request concerning the	e ward's or conservatee	's court fees and costs, as follows:
	Vaiver. The court grants your requ		
` '	• •		
· ·			p pay the court fees for the following:
	g papers in superior court	Court fee for phoneGiving notice and ce	
	ing copies and certifying copies		nother court department
• Sner	iff's fee to give notice	(List continued on nex	

Name of	(Propo	osed) ward or Conservatee:	Case Number:
6 a.	(1)	 Reporter's fee for attendance at hearing or trial, if you request Assessment for court investigations under Probate Code section Preparing, certifying, copying, and sending the clerk's transcript Holding in trust the deposit for a reporter's transcript on appear Making a transcript or copy of an official electronic recording 	on 1513, 1826, or 1851 ipt on appeal il under rule 8.130 or 8.834
	(2)	Additional Fee Waiver. The court grants your request and wair costs that are checked below. (Cal. Rules of Court, rule 3.56.) Ye items.	•
			a peace officer to testify in court popointed interpreter fees for a witness
b.	☐ Th	e court denies your fee waiver request, as follows:	
		arning! If you miss the deadline below, the court cannot process your red u filed with your original request. If the papers were a notice of appeal, the	
	(1)	The court denies your request because it is incomplete. You have	<u> </u>
		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: 	elow On Attachment 6b(1)
	(2)	The court denies your request because the information you provor conservatee is not eligible for the fee waiver for the reasons so Below On Attachment 6b(2)	
		The court has enclosed a blank <i>Request for Hearing About Courcenservatee</i>)(Superior Court) (form FW-006-GC). You have 1 order (see date of service on next page) to:	
		 Pay the fees and costs in full or the amount listed in c below, c Ask for a hearing in order to show the court more information <i>hearing</i>.) 	
c.	(1)	The court needs more information to decide whether to grant you date on page 3. The hearing will be about questions regarding you Below On Attachment 6c(1)	
	(2)	Bring the items of proof to support your request, if reasonably Below On Attachment 6c(2)	available, that are listed:

Name of (Proposed) Ward or Conse	rvatee:		Case Number:					
request to waive court fees, miss that deadline, the cour	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.							
might not go forward. After a denial proceeds. If you or another person reimbursed for such advances from of administration. You might also hobligation to support the ward or co	lardianship or conservated, you may choose to advest appointed as guardian of the assets of the guardian ave the right to reimburs onservatee from assets not er of the conservatee who	orship proceeding if the vance the court costs your conservator, you we aship or conservators ement for advanced cut part of his or her estoris managing the court part of the	ne waiver is requested in that matter— yourself to ensure that the case ould have an opportunity to be hip estate, if any, as allowable expenses ourt costs from persons with an eate, such as a parent of the ward, the eple's community property outside the					
Hearing Date:	Time: Room:		of court if different from above:					
Date:	Signature of (check	one):	Officer Clerk, Deputy					
	ces are available if you as	sk at least 5 days befo	assisted real-time captioning, or sign ore your hearing. Contact the clerk's 4.8.)					
	Clerk's Certific	cate of Service						
	the party and attorney, if , postage paid, to the part , Califo		(2), at the court, on the date below. y, at the addresses listed in 1 and 2, w.					

This is a Court Order.

Clerk, by ______, Deputy Name: