FW-001-GC Request to Waive Court Fees (Ward or Conservatee)

CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

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.

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

Name: _____ Phone number: _____

Street or mailing address: _____

City: _____ State: ____ Zip: _____

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

Firm or Affiliation: _____ State Bar No.: _____

Address: _____ Telephone: _____

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 multi-ward case):*

Name: _____ Age and date of birth *(ward only):*

Street or mailing address: _____ _____

City: _____ State: ____ Zip: _____

Phone number: _____

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

Firm or Affiliation: _____ State Bar No.: _____

Address: _____ Telephone: _____

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 not more 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	$1,237.50	3	$2,100.00	5	$2,962.50	*If more than 6 people at home, add $433.34 for each extra person.*
2	$1,668.75	4	$2,531.25	6	$3,393.75	

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):**

(i) ☐ Waive all court fees and costs. (ii) ☐ Waive some court fees and costs.
(iii) ☐ 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 number: _____

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

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 number: _____

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 at the top of 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.

	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

	Make / Year	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$
(3)		$	$

d. Real estate

	Address	Fair Market Value	How Much You Still Owe
(1)		$	$
(2)		$	$

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	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):* $_____

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