

UPDATED 08/09/10

**PACKET #1
SAMPLE PERMANENT GUARDIANSHIP
FORMS**

Fill out all the forms in this packet using the sample.

**A background check will be done on YOU and all the
adults that live with you.
You will also have to talk to a Court Investigator before
a guardianship is approved.**

Self-Service Center
Superior Court, County of Santa Clara
99 Notre Dame Avenue, San Jose, CA 95113
408-882-2926

www.scservice.org
Santa Clara County
Self-Help website

www.sccsuperiorcourt.org
Santa Clara County
General website

www.courtinfo.ca.gov/selfhelp
State of California
Self-Help website

GC-210(P)

Petition for Appointment of Guardian of the Person

Guardianship of the person of (all children's names): _____
Child(ren)'s Name(s) _____

You may use this form or the Petition for Appointment of Guardian of Minor (form GC-210) to petition, or ask, the court to appoint a guardian of the person of a minor child. (You must use form GC-210 to ask the court to appoint a guardian of a minor child's estate or person and estate.)

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

191 North First Street
191 North First Street
San Jose, CA 95113
Probate

Clerk fills in information below when form is filed.

Case Number:
LEAVE BLANK

Hearing Date and Time: Dept.:

1 Your name (include the names of all persons who are requesting the court to appoint them or the person named in **4** as guardian for the child or children named above and in **8**. All must sign this form.):

- a. Your Name _____
- b. _____
- c. _____

2 Your address and telephone number:

Street: Your Address _____ Apt.: _____
City: _____
State: _____ Zip: _____ Phone: _____

3 Your lawyer (if you have one):

Name: _____ Bar No.: _____
Firm Name, if any: _____
Street: _____ Suite: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax (optional): _____ e-mail (optional): _____

4 I/We want to be guardian of the child or children named in **8** (Go to **5**.)

I/We want the person or persons named here to be the guardian of the child or children named in **8**. Tell the court about the proposed guardian(s) below.

Name(s): _____

Street: _____ Apt.: _____
City: _____ State: _____ Zip: _____
Phone: _____

I am the child or one of the children named in **8** and a person named in **1**.

I am at least 12 years old. I want the person or persons named here to be my guardian.

My date of birth is (month/day/year): _____



- 5 The proposed guardian is:
 - a. related to the child
 - b. not related to the child
 - c. a professional caregiver

Check the correct boxes (#5, 6, and 7)

6 Check the box that best describes the proposed guardian:

Answer the question in item a and check the box in item b or c. If you check the box in c, provide the signed statement of the proposed guardian on a separate sheet of paper. Write "Form GC-210(P) - Attachment 6: Statement of Unrelated Guardian" at the top of the paper and attach it to this form.

- a. Does the proposed guardian run a licensed foster family home? Yes No
- b. I am the proposed guardian. I will promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services.
- c. I am **not** the proposed guardian. The signed statement of the proposed guardian agreeing to promptly furnish any information requested by an agency investigating an adoption or a local agency designated by the county to provide public social services is attached to this form as Attachment 6.

7 A person other than the proposed guardian(s) named in 1 or 4 has been nominated in a will or other writing as guardian of the child or children named in 8. A copy of the written nomination is attached.

Write "Form GC-210(P) - Attachment 7: Nomination of Another Person as Guardian" at the top of the writing and attach it to this form. Fill in the nominated person's name and address in item 2 of the Guardianship Petition - Child Information Attachment (form GC-210(CA)) for each child for whom the person was nominated as guardian.

8 Tell the court about the child or children who need a guardian:

Fill out and attach to this form a separate copy of Guardianship Petition - Child Information Attachment (form GC-210(CA)) for each child named below. Show all children's names at the top of all pages of this form.

Fill out and attach to this form a Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105/GC-120) concerning all children listed below.

The full legal name and date of birth of each child who needs a guardian is (specify):

- a. Name: Child #1, First, Middle, Last Name Date of Birth: Birthday
First Middle Last Month/Day/Year
- b. Name: Child #2 First, Middle, Last Name Date of Birth: Birthday
First Middle Last Month/Day/Year
- c. Name: Child #3 First, Middle, Last Name Date of Birth: Birthday
First Middle Last Month/Day/Year
- d. Name: Child #4 First, Middle, Last Name Date of Birth: Birthday
First Middle Last Month/Day/Year
- e. Name: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Check here if there are additional children. Continue this list on a separate sheet of paper. Write "Form GC-210(P) - Attachment 8: Additional Children" at the top of the paper and attach it to this form.

9 The guardianship is necessary or convenient for the reasons given below.

(Explain why the child or children need a guardian.)

SEE "ATTACHMENT 4" TO GC-210(CA)

Check here if you need more space. Continue your explanation on a separate sheet of paper.
Write "Form GC-210(P) - Attachment 9: Need for Guardian" at the top of the paper and attach it to this form.

10 I/We ask the court to (check all that apply):

- a. Appoint the person named in **1** or **4** guardian of the person of the child or children named in **8** and issue Letters of Guardianship.
- b. Excuse me/us from having to give notice of the hearing on this petition to one or more relatives or other persons listed in item 2 of the attached *Guardianship Petition - Child Information Attachment* (form GC-210(CA)) for the reasons given below (*specify (1) the name of each child, (2) the name and relationship to the child of each of the persons to whom you want the court to excuse you from giving notice, and (3) the reasons for your request, including the steps you have taken to find each person, if any*):

Ask the staff person who is helping you about his section

Check here if you need more space. Continue your explanation on a separate sheet of paper.
Write "Form GC-210(P) - Attachment 10b: Request for Waiver of Notice" at the top of paper and attach it to this form.

The relatives and other persons listed in item 2 of each child's Guardianship Petition - Child Information Attachment (form GC-210(CA)) must be given notice of the hearing on your petition for appointment of a guardian for that child unless the court excuses you from giving notice. The court may waive (excuse) this requirement if you can show the court that you do not know where the relative or other person is located after making reasonable efforts to find him or her, or if giving notice to that person may harm the child or otherwise be contrary to the interests of justice. See rule 7.52 of the California Rules of Court for information on making reasonable efforts to find a person.

10 c. Make the following additional orders (specify): _____

Check here if you need more space. Continue your request for additional orders on a separate sheet of paper. Write "Form GC-210(P) - Attachment 10 c: Additional Orders" at the top of the paper and attach it to this form.

11 Filed with this petition are the following (check all that apply):

- Consent of Proposed Guardian (form GC-211, item 1)
- Nomination of Guardian (form GC-211, items 2 and 3)
- Consent to Appointment of Guardian and Waiver of Notice (form GC-211, item 4)
- Petition for Appointment of Temporary Guardian or Conservator
- Confidential Guardian Screening Form (form GC-212)
- Other (specify): Duties of Guardian

CHECK THIS IF YOU ARE ALSO ASKING FOR GUARDIANSHIP ON AN IMMEDIATE BASIS

12 All attachments are made part of this form as though placed here. There are _____ pages attached to this form.

All persons named in ① (petitioners) and their attorney (if they have one) must read and sign below.

Date: Leave Blank _____
Petitioner's attorney types or prints name here *Petitioner's attorney signs here*

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

Date: Today's Date PRINT YOUR NAME SIGN YOUR NAME
Petitioner types or prints name here *Petitioner signs here*

Date: _____ _____ _____
Petitioner types or prints name here *Petitioner signs here*

Date: _____ _____ _____
Petitioner types or prints name here *Petitioner signs here*

Guardianship of (all children's names): CHILDREN'S NAME(S)

This child's name: CHILD'S NAME HERE (USE ONLY ONE OF THESE FORMS FOR EACH CHILD)

Fill out a separate copy of this form for each child for whom you want the court to appoint a guardian.

This form is attached to the Petition, [] item 2 of form GC-210, or [X] item 8 of form GC-210(P).

The Petition asks for the appointment of a guardian of this child's (specify): [X] person [] estate [] person and estate

1 Tell the court about this child

a. Child's full legal name: CHILD'S NAME HERE Date of birth: BIRTHDAY

b. Child's current address: CHILD'S CURRENT ADDRESS

c. (If the Petition to which this form is attached asks for the appointment of a guardian of this child's estate only, skip this item 1c, select item 8 a on page 5, and answer the rest of the items in this form. If the Petition asks for the appointment of a guardian of this child's person or this child's person and estate, complete the steps described here. Ask the child, if he or she is old enough, and the child's parents or any other legal guardian, and any Indian custodian, whether the child is or may be an Indian (Native American) child. You may not rely merely on your own knowledge and belief about the child. If possible, ask these persons before you file your petition, including this form, so you can use the information you receive to answer questions (1) and (2) below. Answer those questions, item 8 on page 5, and the rest of the items in this form.)

(For more information about your duties concerning a child who is or may be an Indian child involved in a guardianship of the person under the Indian Child Welfare Act ("ICWA") (25 U.S.C. § 1901 et seq.) and California law, including making the inquiry described above and completing this form, see the Information Sheet on Indian Child Inquiry Attachments and Notice of Child Custody Proceeding For Indian Child (form ICWA-005-INFO).)

(1) Is this child a member of, or eligible for membership in, one or more Indian tribe recognized by the federal government? [] No [] Not sure [] Yes, (specify tribe or tribes):

(If you checked "Yes" to item (1), this guardianship case is subject to ICWA. If you checked "Not sure" or "No"...

(2) Do you... Code,

[] No [] Yes (If you checked "Yes" to either item (1) or (2), you must file and serve a Notice of Child Custody Proceeding for Indian Child (form ICWA-030), in addition to service of any other notices required in this case. For information about what is "reason to know whether the child is or may be an Indian child" and the notice requirement, including who must be served, how to serve them, and how to prove to the court that you have done so, and how to fill out and file the Notice, see the Information Sheet on Indian Child Inquiry Attachments and Notice of Child Custody Proceeding For Indian Child (form ICWA-005-INFO).)

d. Is this child married? [] Yes [] No [] Never married If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? [] Yes [] No

(The court cannot appoint a guardian of the person for a minor child who is married or whose marriage was dissolved or ended in divorce.)



Guardianship of (all children's names): CHILD(REN)'S NAME(S)

Case Number: _____

This child's name: CHILD'S NAME

1 Tell the court about this child (continued)

CHECK THE CORRECT BOXES FOR 1e.

e. ~~Is this child receiving public assistance?~~ Yes No Unknown (If you checked "Yes," fill out below.)

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Asst. for Needy Families)	\$ _____	<input type="checkbox"/> Other (explain):	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other (explain):	\$ _____
<input type="checkbox"/> Dept. Veterans Affairs Benefits	\$ _____		

f. Name and address of the person with legal custody of this child: _____

WHO HAS LEGAL CUSTODY OF THIS CHILD? IF THERE IS NO COURT ORDER FOR CUSTODY, PUT THE NAME OF MOTHER AND FATHER AND THEIR ADDRESSES IF KNOWN.

g. (Check this box and fill out below if the person the child lives with is not the legal custodian.)

Name and address of the person this child lives with (has the care of the child): _____

WHO IS CURRENTLY CARING FOR THE CHILD? WHERE DOES THE CHILD CURRENTLY LIVE?

h. (Check this box if this child has been involved in an adoption, juvenile court, marriage dissolution (divorce), domestic relations, custody, or other similar court case.) Describe the court case below:

IF THERE ARE ANY COURT CASES ABOUT THIS CHILD THAT YOU ARE AWARE OF, PUT THE INFORMATION BELOW AND CHECK BOX 1h.

i. (Check this box if this child is in or on leave from an institution supervised by the California Department of Developmental Services or the California Department of Mental Health.) Write the name of the institution here: _____

2 List the names and addresses of this child's relatives and other persons shown below:

Relationship	Name	Home Address (Street, City, State, Zip)
Father	_____	_____
Mother	_____	_____
Grandfather (Father's father)	_____	_____
Grandfather (Mother's father)	_____	_____
Grandmother (Father's mother)	_____	_____
Grandmother (Mother's mother)	_____	_____

FILL OUT THE NAMES AND ADDRESSES OF ALL RELATIVES LISTED IN QUESTION 2. THE LIST CONTINUES ON THE NEXT PAGE. IF A NAME OR ADDRESS IS UNKNOWN, WRITE "UNKNOWN."



Guardianship of (all children's names): CHILD(REN)'S NAME(S)

Case Number: _____

This child's name: CHILD'S NAME

2 Names and addresses of this child's relatives and other persons (continued):

Relationship	Name	Home Address (Street, City, State, Zip)
Brother/Sister	_____	_____

(Check here if this child has additional brothers or sisters, including half-brothers and half-sisters, and list their names and addresses on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Item 2: - Other Siblings" at the top of the paper and attach it to this form.)

Spouse _____
 (Guardianship of the estate only)

Person nominated as guardian of this child _____
 (Other than a proposed guardian listed in ③)

3 Information about the proposed guardian:

a. Name (name all proposed guardians if more than one): YOUR NAME HERE

b. Relationship(s) to the child named in ① (check all that apply):

Relative (specify relationships of all proposed guardians to the child): _____
 HOW ARE YOU RELATED TO THE CHILD? IF NOT, CHECK THE NEXT BOX BELOW

Not a relative (explain interest in or connection to this child): _____
 HOW DO YOU KNOW THIS CHILD? IF YOU ARE RELATED, FILL OUT SECTION ABOVE INSTEAD.

This child's name: CHILD'S NAME _____

4 Explain why appointing the person in 3 guardian would be best for this child: _____
EITHER HERE AND/OR ON "ATTACHMENT 4" IN BLANK FORM PACKET, EXPLAIN WHY YOU SHOULD BE THE GUARDIAN OF THIS CHILD.

(Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 4: - Best Interest of Child" at the top of the paper and attach it to this form.)

5 Do one or both of this child's parents agree that the person in 3 can be the child's guardian?

- a. Father: Yes No Not known at this time.
- b. Mother: Yes No Not known at this time.

(You may file a filled-out Consent to Appointment signed by the child's parent or parents (or any other relative who signs that form.)

CHECK THE CORRECT BOXES FOR QUESTIONS 5 AND 6

211, item 4) may excuse you a parent or other

6 Suitability for guardianship of this child

- a. Does this child live with the person in 3 now? Yes No
- b. If the court approves the guardianship, will this child live with the person in 3? Yes No
- c. Does the person in 3 plan to adopt this child now? Yes No

7 Check this box if you (the petitioner) are not the person in 3, and fill in below.

Your relationship to this child:

Relative (state relationship) IF YOU ARE RELATED TO THE CHILD, CHECK THIS BOX AND WRITE THE RELATIONSHIP

Not a relative (explain your interest in or connection to this child): _____

IF YOU ARE NOT RELATED TO THE CHILD, CHECK THIS BOX AND EXPLAIN HOW YOU KNOW THE CHILD.

This child's name: CHILD'S NAME _____

8 An Indian child inquiry concerning the child named above:

a. is not required; this is a guardianship of the estate only. (If you check this box, skip the rest of item 8.)

b. has not been made or confirmed (check all that apply):
(1) Petitioner knows the child's tribe or tribes in item 1.
(2) Petitioner (or the child's Indian custodian) is the child's Indian custodian.
(3) Petitioner has another legal guardian, or Indian custodian for the child. If so, do so (describe): _____

CHECK ALL BOXES THAT APPLY IN QUESTION 8.

(Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Form GC-210(CA)," the name of this child, and "Attachment 8b(3):—Indian Child Inquiry" at the top of the paper and attach it to this form.)

c. has been made and the following information was obtained (check all that apply):

(1) The names, relationships to the child named above, addresses, and telephone numbers, of the persons interviewed by Petitioner to collect or confirm the information given below, and the date or dates the interviews took place, are provided on one or more separate sheets of paper attached to this form. (Write "Form GC-210(CA)," the name of this child, and "Attachment 8c(1):—Indian Child Inquiry" at the top of each page of paper you attach to this form to complete this item.)

(2) The child is or may be a member of or eligible for membership in a tribe.
Tribe or tribes: _____
Band (if applicable): _____

(3) The child's parents, grandparents, or great-grandparents are or were members of a tribe or tribes.
Tribe or tribes: _____
Band (if applicable): _____

(4) The residence or domicile of the child, the child's parents, or the child's Indian custodian is in a predominantly Indian community.

(5) The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

(6) The child may have Indian ancestry.

(7) Other reason or reasons to know the child is or may be an Indian child: _____

(8) The child has no known Indian ancestry.

9 Except as otherwise stated in this form, the statements made in the Petition to which this form is attached fully apply to this child.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Your Name Your Street Address Your City, State, and Zip Code TELEPHONE NO.: Your Phone # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate	CASE NUMBER: <h1 style="margin: 0;">LEAVE BLANK</h1>
(This section applies only to family law cases.) PETITIONER: Leave Blank RESPONDENT: Leave Blank OTHER PARTY: Leave Blank	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): Child(ren)'s Name(s) Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. **I am a party** to this proceeding to determine custody of a child.
2. 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 3.
3. There are (specify number): # of Children minor 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.)

a. Child's name Child #1's Name (oldest child)	Place of birth For ex., San Jose, CA	Date of birth Birthday	Sex M or F
Period of residence 1/05 to present	Address 234 Current St., San Jose, CA <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) Grandma Ma, 234 Current St., San Jose, CA <input type="checkbox"/> Confidential	Relationship Grandma
2/00	Child's residence (City, State)	Person child lived with (name and complete current address) Mother, Mexi	Mother

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

Child #2's Name (2nd Oldest) <input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)	Fresno, CA	03/99	F
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to			

If there are 3 or more children ask for an attachment and check this box. If the addresses are the same for all the children, check the box in item b.

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: Child(ren)'s Name(s)	CASE NUMBER: <h1 style="margin:0;">LEAVE BLANK</h1>
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency	
e. <input type="checkbox"/> Adoption	

5. One or more orders exist and provide the following information:

Court	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Criminal						
b. <input type="checkbox"/> Family						
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency						
d. <input type="checkbox"/> Other						

Check the correct boxes and
answer questions

(4, 5 & 6)

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? Yes No (If yes, provide the following information) :

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: Today's Date

Print Your Name _____ Sign Your Name _____
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. Number of pages attached: 0

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.

Guardianship of (child's name): CHILD(REN)'S NAME(S)	Case number:
---	--------------

Name: _____ Relation to child: _____

I have tried to find this person by doing these things:

Name: _____ Relation to child: _____

I have tried to find this person by doing these things:

Name: _____ Relation to child: _____

I have tried to find this person by doing these things:

Check here if you need more space. Label a piece of paper "Request to Dispense With Notice - Attachment 2" and write the additional information on it.

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

Date: TODAY'S DATE

My signature: SIGN YOUR NAME

REQUEST TO DISPENSE WITH NOTICE
(Probate)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :

FOR COURT USE ONLY

Your Name
Your Address

TELEPHONE NO.: Your Phone Number FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name) : IN PRO PER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 191 North First Street

MAILING ADDRESS: 191 North First Street

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: Probate

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

GUARDIANSHIP OF THE PERSON ESTATE OF (Name) :
Child(ren)'s Name(s)

- CONSENT OF PROPOSED GUARDIAN
- NOMINATION OF GUARDIAN
- CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

CASE NUMBER:
LEAVE BLANK

CONSENT OF PROPOSED GUARDIAN

1. I consent to serve as guardian of the person estate of the minor.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PROPOSED GUARDIAN)

NOMINATION OF GUARDIAN

2. I am a parent of the minor a donor of a gift to the minor. I nominate (name and address) :

as guardian of the person estate of the minor.

3. I am a parent of the minor a donor of a gift to the minor. I nominate (name and address) :

as guardian of the person estate of the minor.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

NOTICE: The guardian of the person of a minor child has full legal and physical custody until the child becomes an adult or is adopted, the court changes guardians, or the court terminates the guardianship. Parents or other interested persons must petition the court to terminate the guardianship. The court will not do so unless the judge decides that termination would be in the child's best interest.

CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

4. I consent to appointment of the guardian as requested in the *Petition for Appointment of Guardian of Minor*, filed on (date): _____. I am entitled to notice in this proceeding, but I waive notice of hearing of the petition, including notice of any request for independent powers contained in it. I waive timely receipt of a copy of the petition.

DATE

RELATIONSHIP TO MINOR

DATE

RELATIONSHIP TO MINOR

DATE

RELATIONSHIP TO MINOR

IF ONE OR BOTH OF THE PARENTS OR RELATIVES OF THE CHILD(REN) AGREE THAT YOU CAN BE GUARDIAN OF THE CHILD(REN), THEY WOULD SIGN HERE

Continued on Attachment 4.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

Your Name
Your Address

TELEPHONE NO.: Your Phone Number FAX NO. (Optional) :

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): IN PRO PER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 191 North First Street

MAILING ADDRESS: 191 North First Street

CITY AND ZIP CODE: San Jose, CA 95113

BRANCH NAME: Probate

 GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE
OF (Name): Child(ren)'s Name(s) MINOR (PROPOSED) CONSERVATEE**SAMPLE
ONLY
Do not write
on this copy!**

NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:
LEAVE BLANK**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 Name
(representative capacity, if any) :
has filed (specify) :

PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR

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.: _____ Room: _____

b. Address of court same as noted above is (specify) :

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



<input checked="" type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): Child(ren)'s Name(s)	CASE NUMBER: <div style="font-size: 24pt; text-align: center;">Leave Blank</div>
<input checked="" type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing - Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing - Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. I served with the attached *Notice of Hearing - Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. I served with the attached *Notice of Hearing - Guardianship or Conservatorship* copies of the following documents (*specify*):

 Continued on Attachment 4.
5. I am (*check all that apply*):
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):
 Server writes their name,
 address
 phone number

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

	<u>Name</u>	<u>Address where served (number, street, city, and state)</u>	<u>Date and time service made</u>
1.	Write Father's Name here	*Server* writes address where father was served here	Date: <u>date served</u> Time: <u>time served</u>
2.			Date: _____ Time: _____
3.			Date: _____ Time: _____
4.			Date: _____ Time: _____

List of names and addresses of persons personally served by the undersigned continued on an attachment.
 (You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

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

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct

Date: **SERVER DATES**

Date: **Leave Blank**

▶ **SERVER SIGNS NAME** _____
 (SIGNATURE)

▶ **Leave Blank** _____
 (SIGNATURE)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):
 TELEPHONE AND FAX NOS.:
 Your Phone Number

Your Name
 Your Address

ATTORNEY FOR (Name): In Pro Per

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara
 STREET ADDRESS: 191 North First Street
 MAILING ADDRESS: 191 North First Street
 CITY AND ZIP CODE: San Jose, CA 95113
 BRANCH NAME: PROBATE

GUARDIANSHIP OF THE PERSON ESTATE OF (Name):
 Child(ren)'s Name(s)
 MINOR

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

ORDER APPOINTING GUARDIAN OF MINOR MINORS

CASE NUMBER:
 Leave Blank

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. The petition for appointment of guardian came on for hearing as follows (check boxes c, d, and e to indicate personal presence) :
 - a. Judge (name) : THOMAS CAIN
 - b. Hearing date: _____ Time: _____ Dept.: 3 Room:
 - c. Petitioner (name) : Your Name
 - d. Attorney for Petitioner (name) :
 - e. Attorney for minor (name, address, and telephone) :

Check a. or b., talk to the staff person you are working with for questions.

THE COURT FINDS

2. a. All notices required by law have been given.
 b. Notice of hearing to the following persons has been should be dispensed with (names) :
3. Appointment of a guardian of the person estate of the minor is necessary and convenient.
4. Granting the guardian powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and is in the best interest of the guardianship estate.
5. Attorney (name) : _____ has been appointed by the court as legal counsel to represent the minor in these proceedings. The cost for representation is: \$ _____
6. The appointed court investigator, probation officer, or domestic relations investigator is (name, title, address, and telephone) :

THE COURT ORDERS

7. a. (Name) : Your Name
 (Address) : Your Address (Telephone) : Your Phone#

is appointed guardian of the PERSON of (name) : Child(ren)'s Name(s)
 and Letters shall issue upon qualification.

Do NOT use this form for a temporary guardianship.

(Continued on reverse)

7. b. (Name) : _____
(Address) : _____ (Telephone) : _____

is appointed guardian of the ESTATE of (name) : _____
and Letters shall issue upon qualification.

8. Notice of hearing to the persons named in item 2b is dispensed with. ****Talk to the person who is helping you if you don't know whether to check this box****

9. a. Bond is not required.
b. Bond is fixed at: \$ _____ 0 to be furnished by an authorized surety company or as otherwise provided by law.
c. Deposits of: \$ _____ are ordered to be placed in a blocked account at (specify institution and location) :

and receipts shall be filed. No withdrawals shall be made without a court order. Additional orders in Attachment 9c.

d. The guardian is not authorized to take possession of money or any other property without a specific court order.

10. For legal services rendered on behalf of the minor, parents of the minor minor's estate shall pay to (name) : _____ the sum of: \$ _____
 forthwith as follows (specify terms, including any combination of payors) :

11. The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 11 subject to the conditions provided.

12. Orders are granted relating to the powers and duties of the guardian of the person under Probate Code sections 2351-2358 as specified in Attachment 12.

13. Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 13.

14. Other orders as specified in Attachment 14 are granted.

15. The probate referee appointed is (name and address) :

16. Number of boxes checked in items 8-15: _____ <---Count boxes you checked from 8-15

17. Number of pages attached: 0

Date: _____

JUDGE OF THE SUPERIOR COURT
 SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Your Name Your Street Address Your City, State, and Zip Code TELEPHONE NO.: Your Phone # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Probate	
GUARDIANSHIP OF (Name): Child(ren)'s Name(s) <div style="text-align: right;">MINOR</div>	
<div style="text-align: center;"> LETTERS OF GUARDIANSHIP <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate </div>	CASE NUMBER:

LETTERS

1. (Name): Your Name is appointed guardian of the person estate
 of (name): Child(ren)'s Name(s)

2. Other powers have been granted and conditions have been imposed as follows:
 - a. Powers to be exercised independently under Probate Code section 2590 are specified in attachment 2a
 (specify powers, restrictions, conditions, and limitations).
 - b. Conditions relating to the care and custody of the property under Probate Code section 2402 are specified in
 attachment 2b.
 - c. Conditions relating to the care, treatment, education, and welfare of the minor under Probate Code section 2358
 are specified in attachment 2c.
 - d. Other powers granted or conditions imposed are specified on attachment 2d. specified below.

3. The guardian is not authorized to take possession of money or any other property without a specific court order.
4. Number of pages attached: 0

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)	Date: Leave Blank Clerk, by <u>Leave Blank</u> _____, Deputy
--------	---

GUARDIANSHIP OF (Name): Child(ren)'s Name(s) _____ MINOR	CASE NUMBER: _____
---	---------------------------

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890-2893)

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the guardian of the estate (1) to take possession or control of an asset of the minor named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to ensure that the correct form is not obtained from the court. The form is www.courtinfo.ca.gov for an institution or form GC-050 (nonfillable form), or mail it to the court. If you have obtained the form GC-050 from a court clerk or court reporter, you must return it to the court. If you have obtained the form GC-050 from a court clerk or court reporter, you must return it to the court.

**Read this information before
signing the bottom of this form**

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF GUARDIANSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of guardian.

Executed on (date): Today's Date _____, at (place): San Jose, CA

Print Your Name _____ Sign Your Name _____
 (TYPE OR PRINT NAME) (SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)
--

Date: Leave Blank

Clerk, by Leave Blank _____, Deputy

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 PHONE NUMBER: (408) 882-2761 FAX NUMBER: (408) 882-2797 BRANCH NAME: Downtown Courthouse – Court Investigator's Division</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>IN THE MATTER OF GUARDIANSHIP OF: Child(ren)'s Name(s)</p>	
<p>CONFIDENTIAL DOCUMENT COVER SHEET (Guardianship)</p>	<p>CASE NUMBER:</p>

RE: GUARDIANSHIPS:

The following documents are confidential and shall be made available only to persons who have been served in the proceedings and/or their attorneys.

- Cal. Rules of Court, Rule 7.1001:** Confidential Guardianship Screening Form
- Probate Code §1513:** Court Investigator/Family Court Services/Social Services Agency report for appointment of Guardian.
- Probate Code §1513.2:** Confidential Guardianship Status report.
- Review of Existing Guardianship Reports**
- Other:**
 Referral for Investigator's Report

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<i>FOR COURT USE ONLY</i>	
YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP TELEPHONE NO.: YOUR PHONE # NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		<h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 NORTH FIRST STREET MAILING ADDRESS: CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: PROBATE			
GUARDIANSHIP OF (Name): CHILD(REN)'S NAME(S) MINOR		CASE NUMBER: LEAVE BLANK	
CONFIDENTIAL GUARDIAN SCREENING FORM Guardianship of <input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate		HEARING DATE AND TIME: LEAVE BLANK	DEPT.:

The proposed guardian must complete and sign this form. The person requesting appointment of a guardian must submit the completed and signed form to the court with the guardianship petition.
This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed guardian must complete and sign a separate copy of this form under rule 7.1001 of the California Rules of Court. The information provided will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint the proposed guardian as guardian. The proposed guardian **must** respond to each item.

1. a. **Proposed guardian (name):** YOUR NAME
- b. Date of birth: YOUR DATE OF BIRTH
- c. Social security number: YOUR SSN # Driver's license number: YOUR DL # State: CA
- e. Telephone numbers: Home: YOUR HOME # Work: YOUR WORK # Other: YOUR CELL #
2. I am I am not required to register as a sex offender under California Penal Code section 290. (If you checked "I am," explain in Attachment 2.)

Check the correct boxes and answer questions.

(2, 3, 4, 5, 6, 7, 8, and 9)

If you answer "yes" to any questions, ask for a blank sheet of paper to explain

9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?
 Yes No (If you checked "Yes," explain in Attachment 9.)

GUARDIANSHIP OF (Name): <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CHILD(REN)'S NAME(S)</div> <div style="text-align: right; font-size: 0.8em; font-weight: bold;">MINOR</div>	CASE NUMBER: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">LEAVE BLANK</div>
--	---

10. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?
 Yes No *(If you checked "Yes," explain in Attachment 10.)*
11. Do you or does any other person living in your home suffer from mental illness?
 Yes No *(If you checked "Yes," explain in Attachment 11.)*
12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?
 Yes No *(If you checked "Yes," explain in Attachment 12.)*

Check the correct boxes and answer questions

(10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 22)

If you answer "yes" to any questions, ask for a blank sheet of paper to explain

13.
14.
15.
16.
17.
18.

guardian of the proposed ward under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as guardian. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed ward in Attachment 18.)*

19. I have I have not filed for bankruptcy protection within the last 10 years.
(If you checked "I have," explain in Attachment 19.)

MINORS' CONTACT INFORMATION			
20.	Minor's name: CHILD #1 NAME	School (name): CHILD'S SCHOOL NAME	
	Home telephone: CHILD #1 PHONE #	School telephone: SCHOOL #	Other telephone:
21.	Minor's name: CHILD #2 NAME	School (name): CHILD'S SCHOOL NAME	
	Home telephone: CHILD #2 PHONE #	School telephone: SCHOOL #	Other telephone:
22.	Minor's name: CHILD #3 NAME	School (name): CHILD'S SCHOOL NAME	
	Home telephone: CHILD #3 PHONE #	School telephone: SCHOOL #	Other telephone:
	<input type="checkbox"/> Information on additional minors is attached.		

DECLARATION

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

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME OF PROPOSED GUARDIAN)



SIGN YOUR NAME

(SIGNATURE OF PROPOSED GUARDIAN)*

* Each proposed guardian must fill out and file a separate screening form.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 PHONE NUMBER: (408) 882-2761 FAX NUMBER: (408) 882-2797 BRANCH NAME: Downtown Courthouse – Court Investigator’s Division	<i>FOR COURT USE ONLY</i>
IN THE MATTER OF GUARDIANSHIP OF: Child(ren)'s Name(s)	
AUTHORIZATION FOR RELEASE OF INFORMATION	CASE NUMBER:

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 child(ren). In order to assist in the gathering of pertinent information,

I/we, Your Name / _____

specifically authorize the release of 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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : Your Name Your Address TELEPHONE NO.: Your Phone Number FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: PROBATE	
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) : Child(ren)'s Name(s) MINOR	
DUTIES OF GUARDIAN and Acknowledgment of Receipt	CASE NUMBER: Leave Blank

DUTIES OF GUARDIAN

When you are appointed by the court as a guardian of a minor, you become an officer of the court and assume certain duties and obligations. An attorney is best qualified to advise you about these matters. You should clearly understand the information on this form. You will find additional information in the *Guardianship Pamphlet (for Guardianships of Children in the Probate Court)* (Form GC-205) which is available from the court.

Read this information before
signing the bottom of this form

If the probate court appoints you as guardian, you have certain duties and obligations.

- a. **Fundamental responsibilities** - The guardian of the person of a child has the care, custody, and control of the child. As guardian, you are responsible for providing for food, clothing, shelter, education, and all the medical and dental needs of the child. You must provide for the safety, protection, and physical and emotional growth of the child.
- b. **Custody** - As guardian of the person of the child, you have full legal and physical custody of the child and are responsible for **all** decisions relating to the child. The child's parents can no longer make decisions for the child while there is a guardianship. The parents' rights are suspended-not terminated-as long as a guardian is appointed for a minor.
- c. **Education** - As guardian of the person of the child, you are responsible for the child's education. You determine where the child should attend school. As the child's advocate within the school system, you should attend conferences and play an active role in the child's education. For younger children, you may want to consider enrolling the child in Head Start or other similar programs. For older children, you should consider their future educational needs such as college or a specialized school. You must assist the child in obtaining services if the child has special educational needs. You should help the child in setting and attaining his or her educational goals.
- d. **Residence** - As guardian, you have the right to determine where the child lives. The child will normally live with you, but when it is necessary, you are allowed to make other arrangements if it is in the best interest of the child. You should obtain court approval before placing the child back with his or her parents.

As guardian, you **do not** have the right to change the child's residence to a place outside of California unless you first receive the court's permission. If the court grants permission, California law requires that you establish legal guardianship in the state where the child will be living. Individual states have different rules regarding guardianships. You should seek additional information about guardianships in the state where you want the child to live.

(Continued on reverse)

GUARDIAN OF (Name):
Child(ren)'s Name(s)

MINOR

CASE NUMBER

Leave Blank

- e. Medical treatment** - As guardian, you are responsible for meeting the medical needs of the child. In most cases, you have the authority to consent to the child's medical treatment. However, if the child is 14 years or older, surgery may not be performed on the child unless either (1) both the child and the guardian consent or (2) a court order is obtained that specifically authorizes the surgery. This holds true except in emergencies. A guardian may not place a child involuntarily in a mental health treatment facility under a probate guardianship. A mental health conservatorship proceeding is required for such an involuntary commitment. However, the guardian may secure counseling and other necessary mental health services for the child. The law also allows older and more mature children to consent to their own treatment in certain situations such as outpatient mental health treatment, medical care related to pregnancy or sexually transmitted diseases, and drug and alcohol treatment.
- f. Community resources** - There are agencies in each county that may be helpful in meeting the specific needs of children who come from conflicted, troubled, or deprived environments. If the child has special needs, you must strive to meet those needs or secure appropriate services.
- g. Financial support** - Even when the child has a guardian, the parents are still obligated to financially support the child. The guardian may take action to obtain child support. The child may also be eligible for Temporary Aid for Needy Families, TANF (formerly known as AFDC), social security benefits, Veterans Administration benefits, Indian child benefits, and other public benefits.
- h. Visitation** - The court may order visitation with the child's parents. The child's guardian may also have visitation. However, the court may also impose other conditions on visitation.
- i. Driver's license** - As guardian of the person, you have the authority to consent to the minor's application for a driver's license. If you consent, you will become liable for any civil damages that may result if the minor causes an accident. The law requires that anyone signing the DMV application obtain insurance to cover the minor.
- j. Enlistment in the armed services** - The guardian may consent to a minor's enlistment in the armed services. If the minor enters into active duty with the armed forces, the minor becomes emancipated under California law.
- k. Marriage** - For the minor to marry, the guardian **and the court** must give permission. If the minor enters a valid marriage, the minor becomes emancipated under California law.
- l. Change of address** - A guardian must notify the court in writing of any change in the address of either the child or the guardian. This includes any changes that result from the child's leaving the guardian's home or returning to the parent's home. You **must** always obtain **court permission** before you move the child to another state or country.
- m. Court visitors and status reports** - Some counties have a program in which "court visitors" track and review guardianships. If your county has such a program, you will be expected to cooperate with all requests of the court visitor. As guardian, you may also be required to fill out and file status reports. In all counties, you must cooperate with the court and court investigators.
- n. Misconduct of the child** - A guardian, like a parent, is liable for the harm and damages caused by the willful misconduct of a child. There are special rules concerning harm caused by the use of a firearm. If you are concerned about your possible liability, you should consult an attorney.
- o. Additional responsibilities** - The court may place other conditions on the guardianship or additional duties upon you, as guardian. For example, the court may require the guardian to complete counseling or parenting classes, to obtain specific services for the child, or to follow a scheduled visitation plan between the child and the child's parents or relatives. As guardian, you must follow all court orders.

Read this information before
signing the bottom of this form

(Continued on page three)

GUARDIAN OF (Name):
Child(ren)'s Name(s)

MINOR

CASE NUMBER:

Leave Blank

- p. **Termination of guardianship of the person** - A guardianship of the person automatically ends when the child reaches the age of 18, is adopted, marries, is emancipated by court order, enters into active military duty, or dies. If none of these events has occurred, the child, a parent, or the guardian may petition the court for termination of guardianship. But it must be shown that the guardianship is no longer necessary or that termination of the guardianship is in the child's best interest.

2. GUARDIANSHIP OF THE ESTATE

If the court appoints you as *guardian of the child's estate*, you will have additional duties and obligations. The money and other assets of the child are called the child's "estate." Appointment as guardian of a child's estate is taken very seriously by the court. The guardian of the estate is required to manage the child's funds, collect and make an inventory of the assets, keep accurate financial records, and regularly file financial accountings with the court.

MANAGING THE ESTATE

- a. **Prudent investments** - As guardian of the estate, you must manage the child's assets with the care of a prudent person and should not make speculative investments.
- b. **Keeping estate separate** - The child's estate separate from the guardian's estate, the accounts should use the child's social security number when opening estate accounts. You should never deposit estate funds in your personal account or otherwise mix them with your own funds or anyone else's funds, even for brief periods. Securities in the estate must be held in a name that shows that they are estate property and not your personal property.
- c. **Interest-bearing accounts and other investments** - Except for checking accounts intended for ordinary expenses, you should place estate funds in interest-bearing accounts. You may deposit estate funds in insured accounts in federally insured financial institutions, but you should not put more than \$100,000 in any single institution. You should consult with an attorney before making other kinds of investments.
- d. **Blocked accounts** - A *blocked account* is an account with a financial institution in which money is placed. No person may withdraw funds from a blocked account without the court's permission. Depending on the amount and character of the child's property, the guardian may elect **or the court may require** that estate assets be placed in a blocked account. As guardian of the estate, you must follow the directions of the court and the procedures required to deposit funds in this type of account. The use of a blocked account is a safeguard and may save the estate the cost of a bond.
- e. **Other restrictions** - As guardian of the estate, you will have many other restrictions on your authority to deal with estate assets. Without prior court order, you **may not** pay fees to yourself or your attorney. You may not make a gift of estate assets to anyone. You may not borrow money from the estate. As guardian, you may not use estate funds to purchase real property without a prior court order. If you do not obtain the court's permission to spend estate funds, you may be compelled to reimburse the estate from your own personal funds and may be removed as guardian. You should consult with an attorney concerning the legal requirements relating to sales, leases, mortgages, and investment of estate property. If the child of whose estate you are the guardian has a living parent or if that child receives assets or is entitled to support from another source, you must obtain court approval before using guardianship assets for the child's support, maintenance, or education. You must file a petition or include a request for approval in the original petition, and set forth which exceptional circumstances justify any use of guardianship assets for the child's support. The court will ordinarily grant such a petition for only a limited period of time, usually not to exceed one year, and only for specific and limited purposes,

Read this information before
signing the bottom of this form

INVENTORY OF ESTATE PROPERTY

- f. **Locate the estate's property** - As guardian of the estate, you must locate, take possession of, and protect the child's income and assets that will be administered in the estate. You must change the ownership of all assets into the guardianship estate's name. For real estate, you should record a copy of your *Letters of Guardianship* with the county recorder in each county where the child owns real property.

(Continued on reverse)

GUARDIAN OF (Name):
Child(ren)'s Name(s)

MINOR

CASE NUMBER:

Leave Blank

- g. Determine the value of the property** - As guardian of the estate, you must arrange to have a court-appointed referee determine the value of the estate property unless the appointment is waived by the court. You-not the referee-must determine the value of certain "cash items." An attorney can advise you about how to do this.
- h. File an inventory and appraisal** - As guardian of the estate, you must file an inventory and appraisal within 90 days after your appointment. You may be required to return to court 90 days after your appointment as guardian of the estate to ensure that you have properly filed the inventory and appraisal.

INSURANCE

- i. Insurance coverage** - As guardian of the estate, you should make sure that there is appropriate and sufficient insurance covering the assets and risks of the estate. You should maintain the insurance in force throughout the entire period of the guardianship or until the insured asset is sold.

RECORD KEEPING AND ACCOUNTING

- j. Records** - As guardian of the estate, you must keep complete, accurate records of each financial transaction affecting the estate. ~~The checkbook for the guardianship checking account is essential for keeping records of income and~~ you will have spent, the dollars left after you
- k. Accounting** - your accounting one year after your appointment and at least every two years after that. The court may ask that you justify some or all expenditures. You should have receipts and other documents available for the court's review, if requested. If you do not file your accounting as required, the court will order you to do so. You may be removed as guardian for failure to file an accounting.
- l. Format** - As guardian of the estate, you must comply with all state and local rules when filing your accounting. A particular format is specified in the Probate Code, which you must follow when you present your account to the court. You should check local rules for any special local requirements.
- m. Legal advice** - An attorney can advise you and help you prepare your inventories, accountings, and petitions to the court. If you have questions, you should consult with an attorney.

Read this information before
signing the bottom of this form

3. OTHER GENERAL INFORMATION

- a. Removal of guardian** - A guardian may be removed for specific reasons or when it is in the child's best interest. A guardian may be removed either on the court's own motion or by a petition filed by the child, a relative of the child, or any other interested person. If necessary, the court may appoint a successor guardian, or the court may return the child to a parent if that is found to be in the child's best interest.
- b. Legal documents** - For your appointment as guardian to be valid, the *Order Appointing Guardian of Minor* must be signed. Once the court signs the order, the guardian **must** go to the clerk's office, where *Letters of Guardianship* will be issued. *Letters of Guardianship* is a legal document that provides proof that you have been appointed and are serving as the guardian of a minor. You should obtain several certified copies of the *Letters* from the clerk. These legal documents will be of assistance to you in the performance of your duties, such as enrolling the child in school, obtaining medical care, and taking care of estate business.
- c. Attorney and legal resources** - If you have an attorney, the attorney will advise you on your duties and responsibilities, the limits of your authority, the rights of the child, and your dealings with the court. **If you have legal questions, you should consult with your attorney.** Please remember that the court staff cannot give you legal advice.

(Continued on page five)

GUARDIAN OF (Name):
Child(ren)'s Name(s)

MINOR

CASE NUMBER:

Leave Blank

If you are not represented by an attorney, you may obtain answers to your questions by contacting community resources, private publications, or your local law library.

NOTICE: This statement is a notice as a probate guardian.

Read this information before signing the bottom of this form

ACKNOWLEDGMENT OF RECEIPT

- 1. I have petitioned the court to be appointed as a guardian.
- 2. I acknowledge that I have received a copy of this statement of the duties of the position of guardian.

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Please Answer all the Questions below:

**REFERRAL FOR COURT INVESTIGATOR
& QUESTIONNAIRE - GUARDIANSHIP**

Case Number (if you have one) : Leave Blank

Conservatorship of (name): Child(ren)'s Name Here

Person Estate

• **Do you think anyone will disagree with the guardianship?** Yes No

If yes, who? Name:

Telephone number:

• **Has Child Protective Services (CPS) ever been called about the child(ren) in this case?** Yes No

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

Are there any custody orders about the child(ren) in this case? Yes No

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

Information about the CHILD(REN)

- **Child ① Name:** Child #1's Name
- **Birth Date:** Child #1's birthday
- **Social Security Number:** Child #1's SSN#
- **School, Grade, School Telephone Number:** Child #1's School, Grade, phone #

- **Child ② Name:** Child #2's Name
- **Birth Date:** Child #2's birthday
- **Social Security Number:** Child #2's SSN#
- **School, Grade, School Telephone Number:** Child #2's School, Grade, phone #

- **Child ③ Name:**
- **Birth Date:**
- **Social Security Number:**
- **School, Grade, School Telephone Number:**

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

Name:

Address:

Please Answer all the Questions below:

Phone Number:

Fax Number:

Information about the PROPOSED GUARDIAN(S)

Proposed Guardian ① :

- Name: Your Name
- Relationship to child(ren): Grandparent Aunt/Uncle Other: Your relationship to the child(ren)
- Birth Date: Your Birthday
- Social Security Number: Your SSN#
- Driver's License Number: Your DL#
- Home Address: Your Address Here
- Home Phone Number: Your Phone Number Cell Phone Number: Your Cell Number
- Work Address: Your Work Address
- Work Phone Number: Your Work Number Fax Number:

Proposed Guardian ② If there are more people besides who wants guardianship, they fill out below

- 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: Answer all these questions below

1. Have you ever been convicted of a misdemeanor or felony offense? Yes No

If yes, what offense(s):

Date:

County:

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

Yes No

If yes, explain:

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

• Name: _____

PLEASE FILL OUT HERE INFORMATION FOR ANY ADULT LIVING IN YOUR HOME.

• Driver's License Number: _____ State: _____

• Name: _____

• Birth Date: _____

• Social Security Number: _____

• Driver's License Number: _____ State: _____

• Name: _____

• Birth Date: _____

• Social Security Number: _____

• Driver's License Number: _____ State: _____

• Name: _____

• Birth Date: _____

• Social Security Number: _____

• Driver's License Number: _____ State: _____

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



If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.
SAMPLE ONLY
Do not write on this copy!

Fill in court name and street address:
[Empty box for court name and street address]

Fill in case number and name:
Case Number: **YOUR CASE NUMBER**
Case Name:

1 Your Information (person asking the court to waive the fees):

Name: _____
Street or mail: **FILL YOUR INFORMATION HERE** _____
City: **FILL YOUR INFORMATION HERE** Zip: _____
Phone number: _____

2 Your Job, if you have one (job title): YOUR JOB TITLE

Name of employer: WHO DO YOU WORK FOR?
Employer's address: WHERE IS YOUR WORK LOCATED?

3 Your lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

LEAVE BLANK

a. The lawyer _____ of your 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 low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 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 Court Fees and Costs (form FW-001-INFO).

5 Why are you asking the court to waive your court fees?

- a. I receive (check all that apply): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CAPI (California Alternative Payment Initiative)
- b. My gross monthly household income (before taxes, court fees, and other deductions) is less than the amount shown in the table below. (If you check 5b you must fill out 7, 8 and 9 on the next page.)
- c. I do not have enough income to pay for my court fees (check one): waive all court fees waive _____ (Explain): _____ (If you check 5c, you must fill out page 2.)

CHECK THE BOX(ES) BELOW THAT APPLY TO YOU

*****NOTE*****
IF YOU CHECK 5a, YOU DO NOT HAVE TO COMPLETE THE FINANCIAL INFORMATION ON THE NEXT PAGE.
IF YOU CHECK 5b, YOU MUST COMPLETE ITEMS 7, 8, AND 9 ON THE NEXT PAGE ONLY.
IF YOU CHECK 5c, YOU MUST COMPLETE EVERY ITEM ON THE NEXT PAGE.

Family Size	Family Income	Family Size	Family Income
1	\$1,083.54	3	\$1,458.34
2	\$1,458.34	4	

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If you checked here, please attach it to this form and check here:)

CHECK HERE IF IT APPLIES

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: TODAY'S DATE

WRITE YOUR NAME HERE
Print your name here

SIGN YOUR NAME HERE
Sign here

Your name: YOUR NAME

Case Number: YOUR CASE NUMBER, IF YOU HAVE ONE

BELOW IS ONLY AN EXAMPLE OF HOW TO COMPLETE THIS FORM. IF YOU CHECKED ITEM 5B, COMPLETE ITEMS 7, 8 AND 9. IF YOU CHECKED ITEM 5C, COMPLETE THE ENTIRE PAGE.

9 only. If you checked 5c, of paper and write

7 Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

10 Your Money and Property

a. Cash \$ 20

b. All financial accounts (List bank name and amount):

(1) WELLS FARGO CHECKING \$ 200

(2) \$

(3) \$

(4) \$

c. Cars, boats, and other vehicles

Make / Year Fair Market Value Still Owe

(1) '01 FORD EXPLORER \$ 3,000 \$ 0

(2) \$

(3) \$

d. Real estate

Address Fair Market Value Still Owe

(1) NONE \$ \$ 0

(2) \$

(3) \$

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

Describe Fair Market Value Still Owe

(1) NONE \$ \$ 0

(2) \$

(3) \$

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance \$ 1175

b. Food and household supplies \$ 300

c. Utilities and telephone \$ 100

d. Clothing \$ 50

e. Laundry and cleaning \$ 30

f. Medical and dental expenses \$ 0

g. Insurance (life, health, accident, etc.) \$ 25

h. School, child care \$ 0

i. Child, spousal support (another marriage) \$ 0

j. Transportation, gas, auto repair and insurance \$ 330

k. Paid to: Installation payments (list each below):

(1) VISA CARD \$ 54

(2) HOME DEPOT CARD \$ 26

(3) \$

l. Wages/earnings withheld by court order \$ 0

m. Any other monthly expenses (list each below):

Paid to: How Much?

(1) CELL PHONE \$ 90

(2) \$

(3) \$

Total monthly expenses (add 11a-11m above): \$ 2180

8 Your Monthly Income

a. Gross monthly income (before deductions): \$ 1,500

(1) PAYROLL TAXES \$ 230

(2) \$

(3) \$

(4) \$

b. Total deductions (add 8a (1)-(4) above): \$ 230

c. Total monthly take-home pay (8a minus 8b): \$ 1,270

d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veteran payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) CHILD SUPPORT \$ 300

(2) BABYSITTING \$ 150

(3) \$

(4) \$

e. Your total monthly income is (8c plus 8d): \$ 1720

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Gross Monthly Income Relationship Age

(1) LINDA \$ 700 41 WIFE

(2) JOE JR. \$ 10 SON

(3) \$

(4) \$

b. Total monthly income of persons above: \$ 700

Total monthly income and (8c plus 9b): \$ 2420

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach Form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

Clerk stamps date here when form is filed.

This form asks 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 *Request to Waive Court Fees (Superior Court)*, form FW-001, along with this form.

1 Your Information (person asking the court to waive the fees):

Name: _____
Street or mailing _____
City: _____ Zip: _____
Phone number: _____

FILL YOUR INFORMATION HERE

Fill in court name and street address:

**Superior Court of California, County of SANTA CLARA
191 NORTH FIRST STREET
191 NORTH FIRST STREET
SAN JOSE, CA 95113
PROBATE COURT**

2 Your lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number): _____

SELF-REPRESENTED

Fill in case number and case name:

**Case Number:
LEAVE BLANK
Case Name:
LEAVE BLANK**

- a. The lawyer has agreed to advance all or a portion of your fees or costs (check) _____
- b. (If yes) **LEAVE BLANK** _____
Lawyer _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

3 Date your last court fee waiver order, if any, was granted: _____

4 Has your financial situation improved since your last *Request to Waive Court Fees*? No Yes (If yes, you must fill out a new *Request to Waive Court Fees*, form FW-001, and attach it to this form.)

5 What other fees do you want your court fee waiver order to cover? (Check all that apply):

- a. Jury fees and expenses
- b. Court-appointed interpreter fees for a witness
- c. Fees for a peace officer to testify in court
- d. Reporter's daily fees (beyond 60-days after grant of a fee waiver, at court-approved daily rate)
- e. Fees for court-appointed experts
- f. Other (specify): **COURT INVESTIGATOR FEE** _____

6 Why do you need these other services? (Explain):
A COURT INVESTIGATOR'S REPORT IS REQUIRED FOR A PETITION FOR APPOINTMENT OF GUARDIAN OF THE PERSON TO BE PROCESSED

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case 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.

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

Date: **TODAY'S DATE** _____

PRINT YOUR NAME _____

Print your name here

SIGN YOUR NAME _____

Sign here

Clerk stamps date here when form is filed.

SAMPLE ONLY Do not write on this copy!

1 Person who asked the court to waive court fees: Name: Street or mailing address: City: Zip:

FILL YOUR INFORMATION HERE

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number): SELF-REPRESENTED

3 A request to waive court fees was filed on (date): DATE FILED CHECK AND COMPLETE IF YOU HAVE HAD FEES WAIVED IN THIS CASE BEFORE 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 case name:

Case Number: YOUR CASE NUMBER, IF YOU HAVE ONE

Case Name: PETITIONER'S NAME V. RESPONDENT'S NAME

Read this form carefully. All checked boxes are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case 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.

4 After reviewing your (check one): Request to Waive Court Fees Request to Waive Additional Court Fees the court makes the following orders:

- a. The court grants your request and waives your court fees and costs listed below. (Cal. Rules of Court, rule 3.55.) 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 Reporter's daily fee (for up to 60 days following the fee waiver order at the court-approved daily rate) Preparing and certifying the clerk's transcript on appeal Giving notice and certificates Sending papers to another court department Court-appointed interpreter in small claims court Court fees for phone hearings
(1) Fee Waiver. The court grants your request and waives your 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. Jury fees and expenses Fees for a peace officer to testify in court Fees for court-appointed experts Court-appointed interpreter fees for a witness Reporter's daily fees (beyond the 60-day period following the fee waiver order) Other (specify):
(3) Fee Waiver for Appeal. The court grants your request and waives the fees and costs checked below, for your appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) You do not have to pay for the checked items. Preparing and certifying clerk's transcript for appeal Other (specify):

LEAVE THE REST OF THIS PAGE BLANK

This is a Court Order.

Order on Court Fee Waiver (Superior Court)

Date: _____

Clerk, by _____

, Deputy

- 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.

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one): A certificate of mailing is attached.



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.)

Date: _____

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

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 your 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.

Hearing Date: _____ Time: _____ Dept.: _____ Rm.: _____	_____
	Name and address of court if different from page 1: _____

Bring the following proof to support your request if reasonably available:

- c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (specify questions regarding eligibility): _____
- Ask for a hearing in order to show the court more information. (Use form FW-006 to request hearing.)
- Pay your fees and costs, or

The court has enclosed a blank **Request for Hearing About Court Fee Waiver Order (Superior Court)**, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

(2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (specify reasons): _____

- (1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:
 - Pay your fees and costs, or
 - File a new revised request that includes the items listed below (specify incomplete items): _____

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.

LEAVE THE REST OF THIS PAGE BLANK

b. The court

Your name: YOUR NAME

CASE NUMBER, IF YOU HAVE ONE

Case Number: