

GUARDIANSHIP-VISITATION

SAMPLE

**Use the samples to help you complete
the packet of blank forms.**

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

FOR COURT USE ONLY

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**

**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 DIVISION**

GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE
 OF (Name): **CHILD(REN)'S NAME(S)**
 MINOR (PROPOSED) CONSERVATEE

NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:
YOUR CASE NUMBER

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 VISITATION

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.)



NOTE:*

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court. You may use form GC-020(P) to show personal service of this Notice.

** (This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing-Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)*

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*):
***SERVER* WRITES THEIR ADDRESS HERE**
3. I served the foregoing *Notice of Hearing-Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: **DATE *SERVER* MAILED** b. Place mailed (*city, state*): **CITY, STATE OF MAILING**
5. I served with the *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

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

Date: ***SERVER* DATES**

***SERVER* PRINTS NAME**
 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

***SERVER* SIGNS NAME**
 (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state, and zip code)

1. GUARDIAN'S NAME	GUARDIAN'S ADDRESS
2. NAME OF ALL OTHER PARTIES	ADDRESS OF ALL OTHER PARTIES
3. NAME OF ALL OTHER PARTIES	ADDRESS OF ALL OTHER PARTIES
4. NAME OF ALL OTHER PARTIES	ADDRESS OF ALL OTHER PARTIES

Continued on an attachment. (*You may use form DE-120(MA)/GC-020(MA) to show additional persons served.*)

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State bar number, and address) : YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE AND ZIP CODE TELEPHONE NO.: YOUR PHONE# FAX NO.: 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 PROBATE DIVISION 191 NORTH FIRST STREET SAN JOSE, CA 95113	
GUARDIANSHIP OF: CHILD(REN)'S NAME(S)	
MINOR	
PETITION FOR VISITATION	CASE NUMBER: YOUR CASE NUMBER

1. **Petitioner (name): YOUR NAME** requests

the following specific visitation schedule for the minor (name) :

SEE CHILD CUSTODY AND VISITATION ORDER ATTACHMENT

CHECK HOW YOU ARE RELATED TO THE CHILD(REN)

2. Petitioner is the minor's parent grandparent other:

DATE THE GUARDIAN
WAS APPOINTED

3. Name(s) : **GUARDIAN'S NAME(S)** was appointed guardian of the PERSON on (date) : ▼

4. Petitioner should be granted visitation for the reasons specified below specified in Attachment 4.

5. Notice to the court is required because

they do not know the address of all people you need to serve (specify names and efforts to locate them in Attachment 5).

other (specify names and reasons in Attachment 5) .

ASK THE STAFF PERSON WHO IS HELPING YOU IF YOU DON'T KNOW THE ADDRESS OF ALL PEOPLE YOU NEED TO SERVE

GUARDIANSHIP OF THE PERSON OF (Name) :
CHILD(REN)'S NAME(S)

CASE NUMBER:
YOUR CASE NUMBER

MINOR

6. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters and grandparents are as follows:

- a. Guardian:
CURRENT GUARDIAN'S NAME
CURRENT GUARDIAN'S ADDRESS
- b. Minor:
CHILD(REN)'S NAME
CHILD(REN)'S ADDRESS
- c. Father:
CHILD(REN)'S FATHER'S NAME
CHILD(REN)'S FATHER'S ADDRESS
- d. Mother:
CHILD(REN)'S MOTHER'S NAME
CHILD(REN)'S MOTHER'S ADDRESS
- e. Brother(s) or Sister(s): (12 years old or older)
CHILD(REN)'S BROTHER/SISTER'S NAME
CHILD(REN)'S BROTHER/SISTER'S ADDRESS
- f. Maternal grandfather:
MOTHER'S MOTHER'S NAME
MOTHER'S MOTHER'S ADDRESS
- g. Maternal grandmother:
MOTHER'S FATHER'S NAME
MOTHER'S FATHER'S ADDRESS
- h. Paternal grandfather:
FATHER'S FATHER'S NAME
FATHER'S FATHER'S ADDRESS
- i. Paternal grandmother:
FATHER'S MOTHER'S NAME
FATHER'S MOTHER'S ADDRESS
- j. Additional names and addresses
 continued in Attachment 6.

7. Number of pages attached:

Date:



 (SIGNATURE OF ATTORNEY)

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)



SIGN YOUR NAME _____

(SIGNATURE OF PETITIONER)



 (TYPE OR PRINT NAME)

 (SIGNATURE OF PETITIONER)

**IF ANY OF THE PEOPLE ABOVE AGREE THAT YOU SHOULD
 HAVE VISITS THEY WILL FILL THIS AREA OUT.**

IF NOT, THIS WILL BE LEFT BLANK

I consent to attend orientation and mediation and waive notice of the petition:

(DATE)

 (TYPE OR PRINT NAME)

 (SIGNATURE OF GUARDIAN)

(DATE)

 (TYPE OR PRINT NAME)

 (SIGNATURE OF GUARDIAN)

GUARDIANSHIP OF:
CHILD(REN)'S NAME(S)

CASE NUMBER:
YOUR CASE NUMBER

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ATTACHMENT (Number) : 4

(This Attachment may be used with any Judicial Council form.)

Page 1 of 1

(Add pages as required)

EXPLAIN WHY YOU SHOULD BE GRANTED VISITATION:

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

GUARDIANSHIP OF:

CASE NUMBER:
YOUR CASE NUMBER

CHILD(REN)'S NAME(S)

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO Petition, Response, Application for Order or Responsive Declaration
 To be ordered now and effective until the hearing

Other (specify):
PETITION FOR VISITATION

1. **Custody.** Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who makes decisions about health, education, etc.)</i>	<u>Physical Custody to</u> <i>(person with whom the child lives)</i>
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2. **Visitation.**

- a. Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- b. See the attached _____-page document dated *(specify date)*:
- c. The parties will go to mediation at *(specify location)*:
- d. No visitation
- e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date):**

(The first weekend of the month is the first weekend with a Saturday.)
 1st 2nd 3rd 4th 5th weekend of the month

fr
to
(a) **WHAT KIND OF VISITATION SCHEDULE DO YOU WANT?** nt

having the initial fifth weekend, which starts *(date)*:

(b) The petitioner will have fifth weekends in odd even months.

(2) **Alternate weekends starting (date) :**

The petitioner respondent will have the children with him or her during the period
from _____ at _____ a.m. p.m.
(day of week) (time)
to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date) :**

The petitioner respondent will have the children with him or her during the period
from _____ at _____ a.m. p.m.
(day of week) (time)
to _____ at _____ a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions) :**

See Attachment 2e(4).

CHILD(REN)'S NAME(S)3. **Supervised visitation.**

I request that *(name)* : _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by *(name)* : _____ who is a professional nonprofessional supervisor. The supervisor's phone number is *(specify)* :

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

4. **Transportation for visitation and place of exchange.**

- a. Transportation **to** the visits will be provided by *(name)* :
- b. Transportation **from** the visits will be provided by *(name)* :
- c. Drop-off of the children will be at *(address)* :
- d. Pick-up of the children will be at *(address)* :
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other *(specify)* :

5. **Travel with children.** The petitioner respondent other *(name)* : _____ **must** have written permission from the other parent or a court order to take the children out of

- a. the state of California.
- b. the following counties *(specify)* :
- c. other places *(specify)* :

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.7. **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached form FL-341(C) other *(specify)*:8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) other *(specify)*:9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) other *(specify)*:10. **Other.** I request the following additional orders *(specify)* :

GUARDIANSHIP OF:

CHILD(REN)'S NAME(S)

CASE NUMBER:

YOUR CASE NUMBER

3. **The court acknowledges** that criminal protective orders in case number (*specify*):
in (*specify court*): _____ relating to the parties in this case are in effect
under Penal Code section 136.2, are current, and have priority of enforcement.
4. **Supervised visitation.** Until further order of the court other (*specify*):
the petitioner respondent will have supervised visitation with the minor children according to the schedule
set forth on page 1. (**You must attach form FL-341(A).**)
5. **Transportation for visitation**
- a. Transportation **to** the visits will be provided by the petitioner respondent
 other (*specify*): _____
- b. Transportation **from** the visits will be provided by the petitioner respondent
 other (*specify*): _____
- c. Drop-off of the children will be at (*address*): _____
- d. Pick-up of the children will be at (*address*): _____
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint
devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or
her home while the children go between the car and the home.
- g. Other (*specify*): _____
6. **Travel with children.** The petitioner respondent other (*name*): _____
must have written permission from the other parent or a court order to take the children out of
- a. the state of California.
- b. the following counties (*specify*): _____
- c. other places (*specify*): _____
7. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other
parent's permission. Form FL-341(B) is attached and must be obeyed.
8. **Holiday schedule.** The children will spend holiday time as listed in the attached form FL-341(C)
 other (*specify*): _____
9. **Additional custody provisions.** The parents will follow the additional custody provisions listed in the attached
 form FL-341(D) other (*specify*): _____
10. **Joint legal custody.** The parents will share joint legal custody as listed in the attached form FL-341(E)
 other (*specify*): _____
11. **Other** (*specify*): _____
12. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and
Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
13. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the
laws of the State of California.
14. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
 the United States other (*specify*): _____
15. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.

<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>THIS SHOULD BE FILED IN DUPLICATE.</p> <p>(AND IN BLUE)</p>
<p>IN THE MATTER OF GUARDIANSHIP OF:</p> <p>CHILD(REN)'S NAME(S)</p>	
<p>CONFIDENTIAL DOCUMENT COVER SHEET (Guardianship)</p>	<p>CASE NUMBER: YOUR 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 FEE

ANSWER ALL OF THE QUESTIONS BELOW

REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

Case Number (if you have one) : **YOUR CASE NUMBER**

Conservatorship of (name): **CHILD(REN)'S NAME(S)**

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 BIRTH DATE**
- Social Security Number: **CHILD #1'S SSN#**
- School, Grade, School Telephone Number: **CHILD #1'S SCHOOL INFORMATION**

- Child ② Name: **CHILD #2'S NAME**
- Birth Date: **CHILD #2'S BIRTH DATE**
- Social Security Number: **CHILD #2'S SSN#**
- School, Grade, School Telephone Number: **CHILD #2'S SCHOOL INFORMATION**

- Child ③ Name: **CHILD #3'S NAME**
- Birth Date: **CHILD #3'S BIRTH DATE**
- Social Security Number: **CHILD #3'S SSN#**
- School, Grade, School Telephone Number: **CHILD #3'S SCHOOL INFORMATION**

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)

Page 1 of 3

Information about the PROPOSED GUARDIAN'S ATTORNEY

Proposed Conservator doesn't have an attorney

ANSWER ALL OF THE QUESTIONS BELOW

Information about the PROPOSED GUARDIAN(S)

Proposed Guardian 1 :

- Name: YOUR NAME
- Relationship to child(ren): Grandparent Aunt/Uncle Other:
- Birth Date: YOUR BIRTHDAY
- Social Security Number: YOUR SSN#
- Driver's License Number: YOUR DRIVER'S LICENSE NUMBER
- Home Address: YOUR STREET ADDRESS YOUR CITY, STATE AND ZIP CODE
- Home Phone Number: YOUR PHONE# Cell Phone Number: YOUR CELL#
- Work Address: YOUR WORK ADDRESS
- Work Phone Number: YOUR WORK# Fax Number: YOUR FAX#

Proposed Guardian 2 :

- Name:
- Relationship to child(ren): Grandparent Aunt/Uncle Other:
- Birth Date:
- Social Security Number:
- Driver's License Number:
- Home Address:
- Home Phone Number: Cell Phone Number:
- Work Address:

INFORMATION ABOUT THE 2ND GUARDIAN IF THERE IS ONE

ANSWER ALL OF THE 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:
- Birth Date:
- Social Security Number:
- Driver's License Number: _____ State: _____

IF THERE ARE ANY OTHER ADULTS LIVING IN YOUR HOME, PLEASE FILL A BOX OUT FOR EACH ADULT.

- 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: _____

- 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.



**ONLY FILL THE NEXT PAGES
OUT IF YOU ARE NOT THE
PARENTS OF THE CHILD(REN)
OF THIS GUARDIANSHIP**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY	
YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP TELEPHONE NO.: YOUR PHONE# FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER			
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA OF SANTA CLARA COUNTY STREET ADDRESS: 191 N. FIRST STREET MAILING ADDRESS: 191 N. FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: PROBATE			
GUARDIANSHIP OF: CHILD(REN)'S NAME(S)			
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER: YOUR CASE NUMBER	

I request a court order so that I do not have to pay court fees and costs.

- 1. a. I am **not** able to pay any of the court fees and costs.
- b. I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code) :

SAME AS ABOVE

3. a. My occupation, employer, and employer's address are (specify):

YOUR JOB OCCUPATION, YOUR EMPLOYER'S NAME, YOUR EMPLOYER'S ADDRESS

b. My spouse's occupation, employer, and employer's address are (specify):

YOUR SPOUSE'S JOB OCCUPATION, THEIR EMPLOYER'S NAME AND ADDRESS

4. I am receiving financial assistance under one or more of the following programs:

- a. **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
- b. **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
- c. **Food Stamps:** The Food Stamp Program
- d. **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**

- a. (Optional) My Medi-Cal number is (specify):
- b. (Optional) My social security number is (specify):

_____ and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.

[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f and 9g on the back of this form, and sign at the bottom of this side.]

7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: **TODAY'S DATE**

SIGN YOUR NAME _____
(TYPE OR PRINT NAME)

PRINT YOUR NAME _____
(SIGNATURE)

(Financial information on reverse)

Guardianship of: Child(ren)'s Name(s)

CASE NUMBER

YOUR CASE NUMBER

FINANCIAL INFORMATION

8. My pay changes considerably from month to month. [If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]

9. MY MONTHLY INCOME
a. My gross monthly pay is: \$ 1,500.00
b. My payroll deductions are (specify purpose and amount):

Write "SEE ATTACHED PAYSTUB" and attach 2 paystubs if you work.

c. My monthly take-home pay is (a. minus b.): \$ 1,270.00

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
(1) Child Support \$ Examples of
(2) Baby Sitting \$ other income
(3) Income from self \$ sources you
(4) Employment \$ may have
The TOTAL amount of other money is: \$ 0.00

(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS (c. plus d.): \$ 1,270.00

f. Number of persons living in my home: 5
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Table with columns: Name, Age, Relationship, Gross Monthly Income. Rows include Linda (41, Wife, 1,200.00), Joe Jr. (10, Son, 0.00), Pablo (15, Stepson, 0.00), Bob (70, My Dad, 800.00).

The TOTAL amount of other money is: \$
(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS (a. plus d. plus f.): \$ 2,000.00

10. I own or have an interest in the following property:
a. Cash \$ 20.00
b. Checking, savings and credit union accounts (list banks):
(1) Bank of America \$ 300.00
(2) \$
(3) \$
(4) \$

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Table with columns: Property, FMV, Loan Balance. Row 1: '06 Mazda 3, \$ 20,000, \$ 15,000.

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Table with columns: Property, FMV, Loan Balance. Rows 1, 2, 3.

e. Other personal property - jewelry, furniture, furs, stocks, bonds, etc. (list separately): \$

11. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment & maintenance \$ 1,175.00
b. Food and household supplies \$ 200.00
c. Utilities and telephone \$ 100.00
d. Clothing \$ 50.00
e. Laundry and cleaning \$ 30.00
f. Medical and dental payments \$ 0.00
g. Insurance (life, health, accident, etc.) \$ 25.00
h. School, child care \$ 0.00
i. Child, spousal support (prior marriage) \$ 0.00
j. Transportation and auto expenses (insurance, gas, repair) \$ 335.00
k. Installment payments (specify purpose and amount):
(1) car payment \$ 420.00
(2) visa credit card \$ 54.00
(3) Home Depot Card \$ 26.00

The TOTAL amount of monthly installment payments is: \$ 500.00

l. Amounts deducted due to wage assignments and earnings withholding orders: \$

m. Other expenses (specify):
(1) Cell Phone \$ 90.00
(2) \$
(3) \$
(4) \$
(5) \$

The TOTAL amount of other monthly expenses is: \$ 90.00

n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ 2,505.00

12. Other facts which support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

Tell the judge why you cannot afford the filing fee. Ask for an attachment if you need more room.

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <p style="text-align: right;">TELEPHONE NO.: YOUR PHONE#</p> <p>YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP</p> ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
NAME OF COURT AND BRANCH, IF ANY: SUPERIOR COURT OF CALIFORNIA PROBATE STREET ADDRESS: 191 N. FIRST STREET MAILING ADDRESS: 191 N. FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113	
GUARDIANSHIP OF: CHILD(REN)'S NAME(S)	
APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS	CASE NUMBER: YOUR CASE NUMBER

1. I was granted a waiver of court fees and costs in this case on (date): **N/A**.....

2. a. My financial status has **not changed** since I filed my original application. **N/A**

b. My financial status **has changed** since I filed my original application **AND** a new application is attached. **N/A**

3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:

a. Jury fees and expenses.

b. Court appointed interpreters' fees for witnesses.

c. Witness fees of peace officers whose attendance is necessary for reasons shown below.

d. Reporters' fees for attendance at hearings and trials held more than sixty days after the date of the original application as shown above.

e. Witness fees for court appointed experts.

f. Other (*specify*):
COURT INVESTIGATION FEE.

4. These additional services are needed because (*use additional sheet if necessary*):

A COURT INVESTIGATOR'S REPORT IS REQUIRED FOR A

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): **TODAY'S DATE**..... at (place): **SAN JOSE, CA**.....

PRINT YOUR NAME.....
 (Type or print name)

SIGN YOUR NAME.....
 (Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP TELEPHONE NO.: YOUR PHONE# FAX NO.: E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name) : IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 N. FIRST STREET MAILING ADDRESS: 191 N. FIRST STREET CITY AND ZIP CODE: SAN JOSE, CA 95113 BRANCH NAME: PROBATE	
GUARDIANSHIP OF: CHILD(REN)'S NAME(S)	CASE NUMBER: YOUR CASE NUMBER
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): A previous order was issued on (date):
2. The application was filed by (name): **YOUR NAME**
3. IT IS ORDERED that the application is **granted** in whole in part (complete item 4 below).
 - a. **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is **waived**.
 - b. **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c))
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section) :
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 (1) Pay (specify) : _____ percent. (2) Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
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 - e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. IT IS ORDERED that the application is **denied** in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify) :
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
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 - c. The address of the court is (specify) :
 Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____, Deputy
 _____, Clerk, by _____, Deputy
JUDICIAL OFFICER (Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 3.56.) Page 1 of 2

GUARDIANSHIP OF:
CHILD(REN)'S NAME(S)

CASE NUMBER:
YOUR CASE NUMBER

4b Application is denied in whole or in part (specify reasons) :

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place) : **SAN JOSE**, California, on (date) :

Clerk, by _____, Deputy

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE, ZIP

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP TELEPHONE NO.: YOUR PHONE# FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name) : IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 N. FIRST STREET MAILING ADDRESS: 191 N. FIRST STREET CITY AND ZIP CODE: 191 N. FIRST STREET BRANCH NAME: SAN JOSE, CA 95113	
GUARDIANSHIP OF: CHILD(REN)'S NAME(S)	
ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS (Cal. Rules of Court, rule 3.62)	CASE NUMBER YOUR CASE NUMBER

1. The application was filed on (date): _____ A previous order was issued on (date): _____
2. The application was filed by (name): **YOUR NAME**
3. IT IS ORDERED that the application is **granted** in whole in part (complete item 4 below).
 - a. **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.62, **is waived.**
 - b. **Applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.62, EXCEPT the following:

(1) <input type="checkbox"/> Jury fees and expenses.	(5) <input type="checkbox"/> Court-appointed experts.
(2) <input type="checkbox"/> Court-appointed interpreter for witnesses.	(6) <input type="checkbox"/> Other fees and costs (specify) :
(3) <input type="checkbox"/> Witness fees of peace officers.	
(4) <input type="checkbox"/> Reporter's fees (beyond 60 days).	
 - c. **Method of payment.** Applicant shall pay all the fees and costs when charged, EXCEPT as follows:

(1) <input type="checkbox"/> Pay (specify) : _____ percent.
(2) <input type="checkbox"/> Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period.
 The applicant is ordered to appear for the court's review of the applicant's financial status as follows:

Date:	Time:	Dept.:	Room:
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 - e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. IT IS ORDERED that the application is **denied** in whole in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify) :
 - b. **Applicant should be present** at the hearing to be held as follows:

Date:	Time:	Dept.:	Room:
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 - c. The address of the court is (specify) :

 Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

Date: _____ _____ Clerk, by _____, Deputy
JUDICIAL OFFICER

Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 3.56)



**ORDER ON APPLICATION FOR WAIVER OF
 ADDITIONAL COURT FEES AND COSTS
 (Fee Waiver)**

GUARDIANSHIP OF: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CHILD(REN)'S NAME(S)</div>	CASE NUMBER: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">YOUR CASE NUMBER</div>
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4b Application is denied in whole or in part (*specify reasons*) :

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place) : **SAN JOSE** , California,
 on (date) :

Clerk, by _____, Deputy

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE, ZIP

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy