

TERMINATE GUARDIANSHIP

**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 COURT

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

NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP

CASE NUMBER:  
**WRITE 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 TERMINATION OF GUARDIANSHIP**

- 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 MAILED**
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\* PRINTS NAME HERE**

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

**\*SERVER\* SIGNS NAME HERE**  
(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**

**ADDRESSES OF ALL OTHER PARTIES**

3. **NAME OF ALL OTHER PARTIES**

**ADDRESSES OF ALL OTHER PARTIES**

4. **NAME OF ALL OTHER PARTIES**

**ADDRESSES 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 ATTORNEY (Name, State Bar number, and address) :  <b>YOUR NAME</b> <b>YOUR STREET ADDRESS</b> <b>YOUR CITY, STATE AND ZIP CODE</b> TELEPHONE NO.: <b>YOUR PHONE#</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name) : <b>IN PRO PER</b>	FOR COURT USE ONLY  <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: <b>191 NORTH FIRST STREET</b> MAILING ADDRESS: <b>191 NORTH FIRST STREET</b> CITY AND ZIP CODE: <b>SAN JOSE, CA 95113</b> BRANCH NAME: <b>PROBATE COURT</b>	CASE NUMBER: <b>WRITE CASE NUMBER</b>
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name) : <b>CHILD(REN)'S NAME(S)</b>	MINOR
<b>PETITION FOR TERMINATION OF GUARDIANSHIP</b>	HEARING DATE AND TIME: <b>LEAVE BLANK</b>
DEPT.:	

1. Petitioner (name) : **YOUR NAME** requests that
- a.  the guardianship of the PERSON of (minor) : **CHILDREN'(S) NAME(S)** be terminated.
- b.  the guardianship of the ESTATE of (minor) : be terminated.
- (1)  The estate has been entirely exhausted through expenditures or disbursements (Probate Code, § 2626).
- (2)  The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
- (3)  Other (specify)

HOW ARE YOU RELATED TO THE CHILD(REN)?

2. Petitioner is the  minor  minor's guardian  minor's parent.
3.  (Name): **GUARDIAN'(S) NAME(S)** was appointed guardian of the PERSON of the minor named in item 1a on (date) : **DATE LETTERS OF GUARDIANSHIP (ORDER) WAS FILED**
4.  (Name) : was appointed guardian of the ESTATE of the minor named in item 1b on (date) :
5. It is in the best interest of the minor that the guardian of the  person  estate be terminated for the reasons  stated in Attachment 5  stated below (specify) :

YOU WILL EXPLAIN THE REASONS ON ATTACHMENT 5  
LEAVE THIS AREA BLANK

6. A request for special notice
- a.  has not been filed.
- b.  has been filed and notice will be given to (names) :

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

7.  Notice to the persons identified in Attachment 7 should be dispense
- a.  they cannot with reasonable diligence be given notice (specify)
- b.  other good cause exists to dispense with notice (specify names and reasons in Attachment 7).
8.  Petitioner is **CHECK THIS IF IT APPLIES TO YOU** in with the minor after termination of the guardianship as specified in Attachment 6. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105/GC-120) is also attached.

**NOTICE: This guardianship will terminate automatically when the child reaches age 18. No petition or court order is necessary to terminate the guardianship at that time. Nevertheless, if this is a guardianship of the estate, termination of the guardianship does not eliminate the requirement that a final report or account must be filed. (See Prob. Code, § 1600.)**

GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <b>CHILD(REN)'S NAME(S)</b> <div style="text-align: right; margin-top: 10px;">MINOR</div>	CASE NUMBER: <b>WRITE CASE NUMBER</b>
---	--

9. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are (specify) :
- |  |  |
|--|--|
| a. Guardian: <b>CURRENT GUARDIAN' (S) NAME(S)</b><br><b>CURRENT GUARDIAN' (S) ADDRESS(ES)</b>                          | g. Brother or sister: <b>BROTHER OR SI STER' S NAME</b><br><b>BROTHER OR SI STER' S ADDRESS</b><br><b>AGES 12 AND UP</b> |
| b. Minor: <b>CHI LD(REN)' S NAME(S)</b><br><b>CHI LD(REN)' S ADDRESS(S)</b>  | h. Maternal grandfather: <b>MOM' S MOM' S NAME</b><br><b>MOM' S MOM' S ADDRESS</b>                                       |
| c. Father: <b>DAD' S NAME</b><br><b>DAD' S ADDRESS</b>   | i. Maternal grandmother: <b>MOM' S DAD' S NAME</b><br><b>MOM' S DAD' S ADDRESS</b>                                       |
| d. Mother: <b>MOM' S NAME</b><br><b>MOM' S ADDRESS</b>   | j. Paternal grandfather: <b>DAD' S DAD' S NAME</b><br><b>DAD' S DAD' S ADDRESS</b>                                       |
| e. Brother or sister: <b>BROTHER OR SISTER' S NAME</b><br><b>BROTHER OR SISTER' S ADDRESS</b><br><b>AGES 12 AND UP</b> | k. Paternal grandmother: <b>DAD' S MOM' S NAME</b><br><b>DAD' S MOM' S ADDRESS</b>                                       |
| f. Brother or sister: <b>BROTHER OR SISTER' S NAME</b><br><b>BROTHER OR SISTER' S ADDRESS</b><br><b>AGES 12 AND UP</b> | l. <input type="checkbox"/> Additional names and addresses continued on Attachment 9.                                    |

10. Number of pages attached: \_\_\_\_\_

Date: **TODAY'S DATE**

▶ **SIGN YOUR NAME**

(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY\*)

\*(Signature of all petitioners also required (Prob. Code, § 1020).)

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)

**CONSENT TO TERMINATION AND WAIVER OF SERVICE AND NOTICE OF HEARING**

11.  I consent to the termination of the guardianship of the  person  estate of the minor and waive service

**IF ANY OF THE PEOPLE LISTED ABOVE AGREE WITH YOUR REQUEST TO END THE GUARDIANSHIP, THEY FILL IN THIS PART.**

**IF NOT, THIS AREA WILL STAY BLANK.**

Date: \_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE OF  MINOR\*  GUARDIAN  PARENT  OTHER)

Additional signatures on Attachment 11.

\* Minor over 12 years of age.

GUARDIANSHIP OF:

CASE NUMBER:

CHILD(REN)'S NAME(S)

**WRITE CASE NUMBER**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
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- 24
- 25
- 26
- 27

**ATTACHMENT 5:**

**WRITE WHY YOU THINK THE GUARDIANSHIP ISN'T NEEDED ANYMORE.  
WILL THE MINOR(S) HEALTH AND SAFETY STILL BE PROTECTED IF THE  
GUARDIANSHIP IS TERMINATED?**

**EXPLAIN...**

*(Required for verified pleading)* The items on this page stated on information and belief are *(specify item numbers, not line numbers)*:

This page may be used with any Judicial Council form or any other paper filed with the court.

Page \_\_\_\_\_



**ASK THE PERSON HELPING  
YOU IF YOU NEED TO  
FILL OUT  
“ATTACHMENT 7”**



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

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 COURT

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

MINOR

SAMPLE  
ONLY  
Do not write  
on this copy!

ORDER TERMINATING GUARDIANSHIP

CASE NUMBER:  
WRITE CASE NUMBER

1. The petition to terminate the guardianship came on for hearing as follows (check boxes c-l to indicate personal presence) :

- a. Judicial Officer (name) :
- b. Hearing date: LEAVE BLANK Time: BLANK  Dept.: 3  Rm.:
- c.  Petitioner (name) : YOUR NAME
- d.  Attorney for petitioner (name) :
- e.  Minor (name) : CHILD(REN)'S NAME(S)
- f.  Attorney for minor (name) :
- g.  Guardian of the person (name) : CURRENT GUARDIAN'S NAME(S)
- h.  Attorney for guardian of the person (name) :
- i.  Guardian of the estate (name) :
- j.  Attorney for guardian of the estate (name) :
- k.  Parent of minor (name) : CHILD(REN)'S MOTHER AND FATHER NAMES
- l.  Attorney for parent (name) :

THE COURT FINDS

- 2. a.  All notices required by law have been given.
- b.  Notice of hearing  has been  should be dispensed with to the following persons (specify) :
- c.  It is in the minor's best interest to terminate the guardianship of the PERSON.
- d.  It is in the minor's best interest to terminate the guardianship of the ESTATE.
  - (1)  The estate has been entirely exhausted through expenditures or disbursements (Prob. Code, § 2626).
  - (2)  The estate falls within the provisions of Probate Code section 2628(b) (small estate), and no accounts have been required.
  - (3)  Other reasons (specify) :

THE COURT ORDERS

- 3.  The guardianship of the PERSON of (minor) : CHILD(REN)'S NAME(S) is terminated.
- 4.  The guardianship of the ESTATE of (minor) : is terminated.
- 5.  Notice of hearing to the persons named in item 2b is dispensed with.
- 6.  Visitation between the minor and the guardian  of the person  of the estate is ordered as provided in Attachment 6.
- 7.  Other (specify) :

Continued on Attachment 7.

Date:

JUDICIAL OFFICER

Signature follows last attachment.



If you are the guardian of the child(ren) and you are filing to end your guardianship but want the court to order visitation between you and the child(ren) after the guardianship ends, you have to fill out the attached form (Declaration Under UCCJEA).

The attached form asks you to provide addresses of the child(ren) for the last 5 years.

SSC new 1/06 (See item 8 form GC-255)



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): <b>In Pro Per</b>	FOR COURT USE ONLY  <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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): <b>Child(ren)'s Name(s)</b> Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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

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

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

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; text-align:center;">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 have been entered 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
---	---	---

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.**

# ANSWER ALL OF THE QUESTIONS BELOW

Temp hrg date: \_\_\_\_\_

Perm hrg date: \_\_\_\_\_

## REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP

**Case Number** (if you have one): WRITE CASE#

**Guardianship 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 BIRTHDATE
- **Social Security Number:** CHILD #1'S SSN #
- **School, Grade, School Telephone Number:** CHILD #1'S SCHOOL NAME, GRADE, SCHOOL #

- **Child ② Name:** CHILD #2'S NAME
- **Birth Date:** CHILD #2'S BIRTHDATE
- **Social Security number:** CHILD #2'S SSN #
- **School, Grade, School Telephone Number:** CHILD #2'S SCHOOL NAME, GRADE, SCHOOL #

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

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 GUARDIANS'S ATTORNEY**

Proposed Guardian doesn't have an attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Information about the PROPOSED GUARDIAN(S)**

**Proposed Guardian ①:**

- Name: YOUR NAME \_\_\_\_\_
- Relationship to child(ren):  Grandparent  Aunt/Uncle  Other: \_\_\_\_\_
- Birth Date: YOUR BIRTHDATE \_\_\_\_\_
- Social Security Number: YOUR SSN # \_\_\_\_\_
- Driver's License Number: YOUR DL # \_\_\_\_\_
- Home Address: YOUR STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_
- Home Phone Number: YOUR HOME # \_\_\_\_\_ Cell Phone Number: YOUR CELL # \_\_\_\_\_
- Work Address: YOUR WORK STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_
- Work Phone Number: YOUR WORK # \_\_\_\_\_ Fax Number: YOUR WORK 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: \_\_\_\_\_
- Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**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**

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

- 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: \_\_\_\_\_

- 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.

**CONFIDENTIAL – DO NOT PUT IN COURT FILE**

**REFERRAL FOR COURT INVESTIGATOR & QUESTIONNAIRE - GUARDIANSHIP  
(Probate)**







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



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:

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).

**CHECK THE BOX(ES) BELOW THAT APPLY TO YOU**

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

- a.  I receive (check all that apply):  Medi-Cal  Food Stamps  SSI  SSDI  County Relief/General Assistance  IHSS (In-Home Supportive Assistance for Needy Families)  CAPI (California Alternative Payment Initiative)
- b.  My gross monthly household income (before taxes) 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 some court fees. (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

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

**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.

**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 9 only. If you checked 5c, you must fill out

IF YOU CHECKED ITEM 5B, COMPLETE ITEMS 7, 8 AND 9. IF YOU CHECKED ITEM 5C, COMPLETE THE ENTIRE PAGE.

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.

8 Your Monthly Income

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

List each payroll deduction and amount below:

(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): \$ 1,720

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 WIFE 41

(2) JOE JR. \$ 10 SON 10

(3) \$

(4) \$

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

Total monthly income and (8c plus 9b): \$ 2,420

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.

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

Fair Market Make / Year Value

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

(2) \$

(3) \$

(4) \$

d. Real estate

Fair Market Address Value

(1) NONE \$

(2) \$

(3) \$

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

Fair Market Describe Value

(1) NONE \$

(2) \$

(3) \$

11 Your Monthly Expenses

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

a. Rent or house payment & maintenance \$ 1,175

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: Installment 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):

(1) CELL PHONE \$ 90

(2) \$

(3) \$

Total monthly expenses (add 11a-11m above): \$ 2,180

**FW-002 Request to Waive Additional Court Fees (Superior Court)**

**CONFIDENTIAL**

*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**

*Fill in case number and case name:*

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

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

- 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*





**FW-003 Order on Court Fee Waiver (Superior Court)**

Clerk stamps date here when form is filed.

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): \_\_\_\_\_  
 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 SANTA CLARA  
191 NORTH FIRST STREET  
191 NORTH FIRST STREET  
SAN JOSE, CA 95113  
PROBATE COURT**

Fill in case number and case name:  
Case Number:  
**LEAVE BLANK**  
Case Name:  
**LEAVE BLANK**

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, as follows:  
(1)  **Fee Waiver.** 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 • Giving notice and certificates  
• Making copies and certifying copies • Sending papers to another court department  
• Sheriff's fee to give notice • Court-appointed interpreter in small claims court  
• 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 • Court fees for phone hearings  
(2)  **Additional 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): \_\_\_\_\_

Your name: **YOUR NAME**

Case Number:  
**LEAVE BLANK**

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

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

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

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

(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*): \_\_\_\_\_

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:

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

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*):

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



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

**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.

Date: \_\_\_\_\_

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



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

### Clerk's Certificate of Service

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

- 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.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy