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

FEE WAIVER FOR GUARDIANSHIPS AND CONSERVATORSHIPS

SELF-HELP FORM PACKET

Attention



New Probate Court and In-Person Location:

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



SHC-PB-12 (Rev. 03/01/2025)

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

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

FW-001-GC

Request to Waive Court Fees (Ward or Conservatee)

Clerk stamps date here when form is filed.

CONFIDENTIAL

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

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

- You cannot give the court proof of the ward's or conservatee's eligibility,
- The ward's or conservatee's financial situation improves during this case, or
- You settle the civil case on behalf of the ward or conservatee for \$10.000 or

Fill in cou	rt name and street address:
Superi	or Court of California, County of
Fill in cas	e number and name:
Case N	umber:
Case N	ame:
annoir	t a guardian or conservator):

	the amount of the waived fees and cos and or conservatee, or their estate, any	collection costs.		
1)	Name:			urt to appoint a guardian or conservator): Phone:
	Street or mailing address:			
	City:	State:	Zıp:	
2	Your Lawyer (if you have one): Nar	ne:		
				State Bar No.:
	Address:			Phone:
				Email:
	b. (If yes, your lawyer must sign here	e.) Lawyer's sign	ature:	
3	If your lawyer is not providing leg you may have to go to a hearing to Ward's or Conservatee's Inform Name:	gal-aid type servi o explain why yo ation (file a sep	ces based on you u are asking the c arate Request for	Ţ.
3	If your lawyer is not providing leg you may have to go to a hearing to Ward's or Conservatee's Inform Name: Street or mailing address: City:	gal-aid type servi o explain why yo ation (file a sep State:	ces based on you u are asking the c arate Request for	court to waive the fees. r each ward in a multiward case): Age and date of birth (ward only):
3	If your lawyer is not providing leg you may have to go to a hearing to Ward's or Conservatee's Inform Name: Street or mailing address: City: Phone:	gal-aid type servi o explain why yo ation (file a sep	ces based on you u are asking the c arate Request forZip:	court to waive the fees. r each ward in a multiward case): Age and date of birth (ward only):
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3	If your lawyer is not providing leg you may have to go to a hearing to Ward's or Conservatee's Inform Name: Street or mailing address: City: Phone: Ward's or Conservatee's Lawye Firm or Affiliation:	gal-aid type servi o explain why yo ation (file a sep State: r, if any: Name:	ces based on you u are asking the c arate Request for Zip:	court to waive the fees. r each ward in a multiward case): Age and date of birth (ward only): State Bar No.:
3	If your lawyer is not providing leg you may have to go to a hearing to Ward's or Conservatee's Inform Name: Street or mailing address: City: Phone: Ward's or Conservatee's Lawye Firm or Affiliation: Address:	ral-aid type servi o explain why yo ation (file a sep State: r, if any: Name:	ces based on you u are asking the c arate Request for Zip:	court to waive the fees. r each ward in a multiward case): Age and date of birth (ward only):
345	If your lawyer is not providing leg you may have to go to a hearing to Ward's or Conservatee's Inform Name: Street or mailing address: City: Phone: Ward's or Conservatee's Lawye Firm or Affiliation: Address: City:	sal-aid type servi o explain why yo ation (file a sep State: r, if any: Name: State: title; if not emplo	ces based on you u are asking the c arate Request for Zip: Zip:	court to waive the fees. r each ward in a multiward case): Age and date of birth (ward only): State Bar No.: Phone: Email:



ame c	of (Propos	ea) war	d or Conserva	tee:		Ca	se Number.		
6 W	 Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).) Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).) 								
7) 🗆	Check here if you asked the court to waive court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here):								
B) W	Why are you asking the court to waive the ward's or conservatee's court fees?								
/	a. The ward or one or both of the ward's parents, or the conservatee or the conservatee's spouse or registered domestic partner, receive (check all that apply):								
	☐ IH ☐ Co ☐ Sp ☐ Un	SS (In-H unty Rel ecial Sup employn	ome Supportive ief/General Ass plemental Nutr nent Compensa	e Services) istance ition Program	CalWORKS (CAPI (Cash A for Women, In	or Tribal TAN Assistance Pro Infants, and Ch	F ☐ M gram for Aged ildren (WIC P	NAP (Food Stamps) Medi-Cal , Blind, and Disabled rogram) mefits listed above):	
h		0.00.400.0404	hlv in some of t	ha vyand'a an	a ang any sata a' a la	avgalaald (bad	fana dadwatiana	for towas) is loss the	
υ.								for taxes) is less that e 4 of this form.)*	
		nily Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people	
		1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	at home, add \$916.67	
		2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	for each extra person.	
	(1)	Vaive all Let the (payments le income	over time. e of guardian or	osts. ian or conserv	(2) Waive wator, on behalf living in the ho	some court fe of the (propo usehold in 8b	es and costs. sed) ward or co	onservatee, make them in family size	
8b. u	•	•	ent of the ward	•	Ü	•	v	,	
So	ource (e.g.,	ate: □ gift, inhe	or petitioner Person only, no eritance, settlen formation:	estate.	Inventory or j	petition estima		nd 10.	
a.	Name of	ward's p	arent:		[Deceased	(date of death,):	
	Street or	mailing a	address:	Ste	ate: 7in	•			
	Phone:				atc Zip	•	_		
b.	Name of	ward's p	arent:	_	I	Deceased	(date of death)):	
	Street or	mailing a	nddress:			<u> </u>	,		
	City:			Sta	ate: Zip	•	_		
	Phone: _			_					
c.								rated divorced	
March 1	2025			Poguest to	Maive Court	Foos		FW-001-GC Page 2	

Nam	e of (Proposed) Ward or Conservatee:	Case Number:
	Conservators or petitioners for their appoin	tment must complete items 11–13.
(11)	Conservatee's Estate: Person only, no estate.	
	☐ Inventory or petition estimated value:	Est. collection date:
12)	Conservatee's Spouse's or Registered Domestic Pa	rtner's Information:
	Name of conservatee's spouse or registered domestic partner Date of marriage or partnership:	Spouse Partner Deceased (date of death): Phone: Phone: State: Zip: Zip: Indicate the conservator is property outside the conservatorship estate. Shown on page 4 includes does not include and by the spouse/partner outside the estate.
	Court:	
	Case Number:Support order for conse	rvatee? No Yes
	Date of support order (if multiple, date of latest):	Monthly amount:
	The conservatee: a is is not a trustor or settlor of a trust. b is is not a beneficiary of a trust. If you selected "Is" to complete any of the above statements, the current address and telephone number of the current trust value of each trust and the nature and value of the conservate frequency of any distributions to or for the benefit of the conservate which you are aware. (You may use Judicial Council form Mean All applicants who checked item 8b or item 8c on instructions for completion of items 14–16 or items	ee(s) of each trust, describe the general terms of and e's interest in each trust, and the amount(s) and servatee prior to your appointment as conservator of C-025 for this purpose.) page 2 must continue to and follow the
true attac	information I have provided on this form and all attachme and correct to the best of my information and belief. The inchments concerning myself is true and correct. I declare unalifornia that the foregoing is true and correct.	nformation I have provided on this form and all
	Print your name here	Sign here

Name of (Proposed) Ward or Conservatee:	Case Number:
If you checked 8a on page 2, do not fill out below. If you check 8c, you must answer questions 14–18. If you need more space "Financial Information" and the ward's or conservatee's name	ce, attach form MC-025 or attach a sheet of paper, and write
Check here if the ward's or conservatee's income changes a lot from month to month. If it does, complete the form based on their average income for the past 12 months.	Ward's or Conservatee's Household's Money and Property a. Cash
Ward's or Conservatee's Gross Monthly Income a. List the source and amount of any income the ward or conservatee gets each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1) \$	b. All financial accounts (list bank name and amount): (1)
a. List the income of all other persons living in the ward's or conservated home who depend in whole or in part on them for support, or on whor they depend in whole or in part for support.	
(1)\$\$\$\$\$	Ward's or Conservatee's Household's Monthly Deductions and Expenses a. List any payroll deductions and the monthly amount below: (1)
To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top.	i. School, child care j. Child, spousal support (another marriage) k. Transportation, gas, auto repair and insurance l. Installment payments (list each below): Paid to: (1) (2) \$
Check here if you attach another page.	(3) \$
Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC.	m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: How Much?
Do not include income of guardian or conservator living in the household in item 16, their money and property in item 17, or their deductions and expenses in item 18	(1) \$ (2) \$
unless they are a parent of the ward or the spouse or registered domestic partner of the conservatee.	Total monthly expenses (add 18a –18n above):

FW-002-GC

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

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

Your Information (guar court to appoint a guardian Name:	or conservator):	_	Fill in case number and name: Case Number:
Street or mailing address:			
City:			Case Name:
Phone number:			
Your Lawyer (if you have	one): Name:		
			State Bar No.:
			Telephone:
			E-mail:
 a. The lawyer has agreed to (If yes, your lawyer must b. If your lawyer is not pro may have to go to a hear Ward's or Conservatee' 	o advance all or a portion of sign here.) Lawyer's sign viding legal-aid type servicing to explain why you are	of your fees or contact ature: ces based on the end of the countact arate Request for the countact are request for	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case):
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: 	o advance all or a portion of sign here.) Lawyer's sign widing legal-aid type servicing to explain why you are sinformation (file a september)	f your fees or co ature: ces based on the asking the count arate Request fo	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: City: 	o advance all or a portion of sign here.) Lawyer's sign viding legal-aid type servicing to explain why you are s Information (file a sep	f your fees or co ature: ces based on the asking the count arate Request fo	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: City: Phone number: 	o advance all or a portion of sign here.) Lawyer's sign viding legal-aid type servicing to explain why you are sign sign (file a seponetries). State:	f your fees or coature: ces based on the easking the countries arate Request for Zip:	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: City: Phone number: Ward's or Conservatee' 	o advance all or a portion of sign here.) Lawyer's sign viding legal-aid type servicing to explain why you are sign sign sign of the sign	f your fees or coature: ces based on the easking the countries arate Request for Zip:	osts (check one):
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: City: Phone number: Ward's or Conservatee' Firm or Affiliation: 	o advance all or a portion of sign here.) Lawyer's sign widing legal-aid type service ing to explain why you are sign sign sign in sig	f your fees or coature:	osts (check one):
 a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: City: Phone number: Ward's or Conservatee's Firm or Affiliation: Address: 	o advance all or a portion of sign here.) Lawyer's sign viding legal-aid type service ing to explain why you are same same same same same same same sam	f your fees or coature: ces based on the asking the countries Request for Zip:	osts (check one):
a. The lawyer has agreed to (If yes, your lawyer must) b. If your lawyer is not promay have to go to a hear Ward's or Conservatee' Name: Street or mailing address: City: Phone number: Ward's or Conservatee': Firm or Affiliation: Address: City:	o advance all or a portion of sign here.) Lawyer's sign widing legal-aid type service ing to explain why you are sampled. State: State: State:	f your fees or coature:	osts (check one): Yes No ward's or conservatee's low income, you rt to waive the fees. or each ward in a multi-ward case): Age and date of birth (ward only

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of Orange

3390 Harbor Boulevard

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

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

Case Number:

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

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

Name of (Proposed) Ward or Conse	rvatee:		Case Number:
request to waive court fees,	and you will have 10 day t cannot process the cour	s to pay the ward's or t papers you filed wit	date, the judge will deny your r conservatee's fees. If you h your request. If the papers
might not go forward. After a denial proceeds. If you or another person reimbursed for such advances from of administration. You might also hobligation to support the ward or contains the support of the ward or contains the support of the support of the ward or contains the support of the s	uardianship or conservatoral, you may choose to advass appointed as guardian of the assets of the guardian ave the right to reimbursonservatee from assets not er of the conservatee who	orship proceeding if the vance the court costs your conservator, you waship or conservators ement for advanced cost part of his or her estop is managing the court part of the court part of the court part of his or her estop is managing the court part of his or	he waiver is requested in that matter—yourself to ensure that the case ould have an opportunity to be hip estate, if any, as allowable expenses court costs from persons with an eate, such as a parent of the ward, the uple's community property outside the
Hearing Date:	Time: Room:		of court if different from above:
Date:	Signature of (check	one):	Officer Clerk, Deputy
	ces are available if you as	sk at least 5 days befo	assisted real-time captioning, or sign ore your hearing. Contact the clerk's 4.8.)
	Clerk's Certific	cate of Service	
	the party and attorney, if , postage paid, to the part , Califor		(2), at the court, on the date below. y, at the addresses listed in 1 and 2, w.

This is a Court Order.

Clerk, by ______, Deputy Name: