Instructions For Requesting a **Fee Waiver**

WHEN TO USE THIS PACKET

Use this packet if you are filing papers with the court that require you to pay a filing fee and you cannot afford to pay the fees.

If you are low income or receiving aid you may qualify for a waiver of your court fees. Review the Information sheet carefully to see if you qualify.

If you are receiving SSI, SSP, CalWORKS, Food Stamps, County Relief, General Relief, Medi-Cal, Food Stamps, IHSS, Tribal TANF or CAPI, you qualify for a fee waiver.

If your gross household income is below the amount set out in the chart on the Information Sheet for the number of people living in your home, you qualify for a fee waiver.

This packet includes an "Information Sheet on Waiver of Court Fees and Costs" [FW-001-info], a "Request to Waive Court Fees (Ward or Conservatee) [FW-001-GC], an "Order on Court Fee Waiver (Superior Court) (Ward or Conservatee)" [FW-003-GC], and a "Notice to Court of Improved Financial Situation or Settlement (Ward or Conservatee)" [FW-010-GC].

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, if you are filing or have received a family law petition, or if you are asking the court to appoint a guardian for a minor or a conservator for an adult or are an appointed guardian or conservator, and if you (or your ward or conservatee) cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you (or your ward or conservatee) are getting public benefits, are a low-income person, or do not have enough income to pay for your (or his or her) household's basic needs and your court fees, you may ask the court to waive all or part of those fees.

- 1. To make a request to the court to waive your fees in superior court, complete the Request to Waive Court Fees (form FW-001) or, if you are petitioning for the appointment of a guardian or conservator or are an appointed guardian or conservator, complete the Request to Waive Court Fees (Ward or Conservatee) (form FW-001-GC). If you qualify, the court will waive all or part of its fees for the following:
 - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
 - Making and certifying copies
- Giving notice and certificates

• Sheriff's fee to give notice

- Sending papers to another court department
- Court fee for telephone hearing
- Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter (use form FW-020 to ask for a court reporter)
- Preparing, certifying, copying, and sending the clerk's transcript on appeal
- Holding in trust the deposit for a reporter's transcript on appeal under Cal. Rules of Court, rule 8.833 or 8.834
- Making a transcript or copy of an official electronic recording under Cal. Rules of Court, rule 8.835
- 2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a Request to Waive Additional Court Fees (Superior Court) (form FW-002) or Request to Waive Additional Court Fees (Superior Court) (Ward or Conservatee) (form FW-002-GC). The court will consider waiving fees for items such as the following, or other court services you need for your case:
 - · 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

- · Other necessary court fees
- 3. If you want the Appellate Division of the Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees (Supreme Court, Court of Appeal, Appellate Division)* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- · You are signing your request under penalty of perjury. Answer truthfully, accurately, and completely.
- The court may ask you for information and evidence. You may be ordered to go to court to answer questions about your ability, or the ability of your ward or conservatee, to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you or your ward or conservatee are granted may be ended if you do not go to court when asked. You or your ward's or conservatee's estate may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- Public benefits programs listed on the application form. In item 5 on the Request to Waive Court Fees (item 8 of the Request to Waive Court Fees (Ward or Conservatee)), there is a list of programs from which you (or your ward or conservatee) may be receiving benefits, listed by the abbreviations they are commonly known by. The full names of those programs can be found in Government Code section 68632(a), and are also listed here:
 - · Medi-Cal
 - Food Stamps—California Food Assistance Program, CalFresh Program, or SNAP
 - SSP—State Supplemental Payment
 - Supp. Sec. Inc.—Supplemental Security Income (not Social Security)
 - SSP—State Supplemental Payment

- IHSS—In-Home Supportive Services
- CalWORKs—California Work Opportunity and Responsibility to Kids Act
- Tribal TANF—Tribal Temporary Assistance for Needy Families
- CAPI—Cash Assistance Program for Aged, Blind, or Disabled Legal Immigrants
- If you receive a fee waiver, you must tell the court if there is a change in your finances, or the finances of your ward or conservatee. You must tell the court within five days if those finances improve or if you, or your ward or conservatee, become able to pay court fees or costs during this case. (File Notice to Court of Improved Financial Situation or Settlement (form FW-010) or Notice to Court of Improved Financial Situation or Settlement (Ward or Conservatee) (form FW-010-GC) with the court.) You may be ordered to repay any amounts that were waived after your eligibility, or the eligibility of your ward or conservatee, came to an end.
- If you receive a judgment or support order in a family law matter: You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- If you win your case in the trial court: In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases and in guardianships and conservatorships. (Gov. Code, § 68637(d), (e); Cal. Rules of Court, rule 7.5.).
- If you settle your civil case for \$10,000 or more: Any trial court-waived fees and costs must first be paid to the court out of the settlement. The court will have a lien on the settlement in the amount of the waived fees and costs. The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- The court can collect fees and costs due the court. If waived fees and costs are ordered paid to the trial court, or if you fail to make the payments over time, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- If you are in jail or state prison: Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time. See Government Code section 68635.
- If you want a record made of your court hearing or trial: There are various reasons why you may want a record of the hearing or trial. Among other reasons, you may want to have a record for an appeal if you disagree with a court order or judgment. If you receive a fee waiver and if the court is not electronically recording the proceeding, you may ask the court to have an official court reporter attend your hearing or trial at no cost to you, so there can be a record of the proceeding. You should use form FW-020 to make the request, which you should file at least 10 calendar days before a scheduled court date, or as soon as you can if the court date is set with less than 10-days' notice.

If you want a written transcript after the hearing or trial, you will need to pay the court reporter separately, or arrange to get the transcript in another way. To learn about ways to do that, talk with the court's Self Help Center or read the information about appeals on the self-help webpages at https://courts.ca.gov/selfhelp-appeals.htm.

FW-001-GC

Request to Waive Court Fees (Ward or Conservatee)

CONFIDENTIAL

Clerk stamps date here when form is filed.

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

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

- You cannot give the court proof of the ward's or conservatee's eligibility,
- The ward's or conservatee's financial situation improves during this case, or

•	
F	ill in court name and street address:
	Superior Court of California, County of
F	ill in case number and name:
(Case Number:
(Case Name:

ou settle the civil case on behalf ore. The trial court that waives fe		,	Case Name:
ttlement in the amount of the wai	ved fees and costs. The	court may also	
narge the ward or conservatee, or	his or her estate, any col	lection costs.	
,		_	t to appoint a guardian or conservator):
Name:			Phone:
Street or mailing address:	Ctata	7:	
City:	State:	Z1p:	
Your Lawyer (if you have one			
Firm or Affiliation:			State Bar No.:
Address:			Phone:
			Email:
Name:			each ward in a multiward case): Age and date of birth (ward only):
Street or mailing address:			
City:	State:	Zıp:	
Phone:			
Ward's or Conservatee's L			G D. M
Firm or Affiliation:			State Bar No.:
City:			Phone:
			Phone:
Ward or Conservatee's Inl	State:	Zip:	Phone: Email:
	b (job title; if not employ	Zip:	Phone:Email:
Name of employer: Employer's address:	b (job title; if not employ	Zip: ved, so state):	Phone:Email:



Street or mailing address: City: State: Zip: Phone: Deceased (date of death): Street or mailing address: Zip: City: State: Zip: Phone: State: Zip: C. Ward's parents are (check all that apply): married living together separated divorced Support order for ward? No Yes Payable to (name): Payor (name): Case Number: Date of order (if multiple, date of latest): Monthly amount:	Name of (Proposed) Ward or Conservatee:					Са	se Number:		
My are you asking the court to waive the ward's or conservatee's court fees?			Superior Court (Se Supreme Court, Co Appellate Court Fe	te Information Sourt of Appeal, sees (form APP-	Sheet on Waiv or Appellate 015/FW-015-	ver of Superior Division of Suj INFO).)	Court Fees an perior Court (S	See Information	
a.	7	Ш							ere): 🗌
domestic partner, receive (check all that apply): Supplemental Security Income (SSI) State Supplemental Payment (SSP) SNAP (Food Stamps) IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF Medi-Cal County Relief/General Assistance CAPI (Cash Assistance Program for Aged, Blind, and Disabled) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) Unemployment Compensation (Names and relationships to ward or conservatee of persons who receive the public benefits listed above): b. The gross monthly income of the ward's or conservatee's household (before deductions for taxes) is less than the amount listed below. (If you check 8b, you must fill out items 14, 15, and 16 on page 4 of this form, ** Family Size Family Income Family Size Family Income Family Size Family Income If more than 6 people	8)	W	hy are you askin	g the court to	waive the	ward's or co	nservatee's	court fees?	
the amount listed below. (If you check 8b, you must fill out items 14, 15, and 16 on page 4 of this form.)* Family Size Family Income Section Secti		a. The ward or one or both of the ward's parents, or the conservatee or the conservatee's spouse or registered domestic partner, receive (check all that apply): Supplemental Security Income (SSI) State Supplemental Payment (SSP) SNAP (Food Stamps) IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF Medi-Cal County Relief/General Assistance CAPI (Cash Assistance Program for Aged, Blind, and Disabled) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) Unemployment Compensation							
the amount listed below. (If you check 8b, you must fill out items 14, 15, and 16 on page 4 of this form.)* Family Size Family Income Section Secti									
1		b.	the amount liste	ed below. (If yo	u check 8b, yo	ou must fill out	items 14, 15,		
2 \$3,286.67 4 \$5,000.00 6 \$6,713.34 for each extra person. c.						†			
c.									
fees. I ask the court to (check one, and you must fill out items 14, 15, 16, 17, and 18 on page 4):* (1)					•				_
a. Name of ward's father: Deceased (date of death): Street or mailing address: Deceased (date of death):	size	Do e in W i	(3) Let the (p payments not include income 8b. unless he or showing Guardians ard's Estate:	roposed) guard over time. of guardian or e is a parent of or petitioner Person only, n	conservator if the ward or to state.	vator, on behalf living in the how he spouse or re appointment Inventory or	f of the (propo usehold in 8b egistered dome must compl petition estim	osed) ward or co or 8c or count estic partner of ete items 9 a ated value:	him or her in family the conservatee.)
a. Name of ward's father: Deceased (date of death): Street or mailing address: Deceased (date of death):	10	W	ard's Parents' Int	formation:					
Street or mailing address: City: State: Zip: Phone: Deceased (date of death): Street or mailing address: Zip: City: State: Zip: Phone: State: Zip: C. Ward's parents are (check all that apply): married living together separated divorced Support order for ward? No Yes Payable to (name): Payor (name): Case Number: Date of order (if multiple, date of latest): Monthly amount:						ĺ	Deceased	(date of death).
City: State: Zip: Phone:									,
b. Name of ward's mother: Deceased (date of death): Street or mailing address: State: Zip: Phone: State: Zip: Phone: Ourd's parents are (check all that apply): married living together separated divorced Support order for ward? No Yes Payable to (name): Payor (name): Case Number: Date of order (if multiple, date of latest): Monthly amount:			City:		St	ate:Zip):	<u> </u>	
Street or mailing address: City: Phone: C. Ward's parents are (check all that apply): Payor (name): Court: Date of order (if multiple, date of latest): Monthly amount: State: Zip: I living together Separated I living together I separated City: Case Number: Monthly amount:			Phone:		_				
Phone: c. Ward's parents are (check all that apply): married living together separated divorced Support order for ward? No Yes Payable to (name):		b.							
Phone: c. Ward's parents are (check all that apply): married living together separated divorced Support order for ward? No Yes Payable to (name):			Street or mailing a	ddress:	C+	roto: 7ir			
c. Ward's parents are (check all that apply): married living together separated divorced Support order for ward? No Yes Payable to (name): Payor (name): Court: Date of order (if multiple, date of latest): Monthly amount:			Phone:		SI	ate Zip)	_	
Court: Case Number: Monthly amount: Monthly amount:		c.	Ward's parents are Support order for v	<i>(check all that</i> vard? □ No	apply): Yes Pay	rable to (name)	÷		
Date of order (if multiple, date of latest): Monthly amount:								N NI 1	
Date of order (if multiple, date of latest): Monthly amount:			Court:	1. 1 1	1 ,		(ase Number: _	
			Date of order (if m	uitipie, date of	iatest):	- Maine C - 1	Monthly	amount:	FW 004 00 5

Conservators or petitioners for their appoin	ntment must complete items 11–13.
vatee's Estate: Person only, no estate.	
ntory or petition estimated value:	Est. collection date:
vatee's Spouse's or Registered Domestic Pa	artner's Information:
conservatee's spouse or registered domestic partner	r: Spouse Partner
narriage or partnership:	Deceased (date of death):
mailing address:	Phone: State: Zip: ging, or following appointment of a conservator is
employer (if none, so state):	np
er's address:	State: Zip:
g to manage, some or all of the couple's community elected "is" above: The income, money, and propert me and property managed, or expected to be managed and elected (date of final judgment or decree):	property outside the conservatorship estate. y shown on page 4 includes does not include ed, by the spouse/partner outside the estate.
mber: Support order for cons	servatee? No Yes
support order (if multiple, date of latest):	Monthly amount:
ent address and telephone number of the current trust each trust and the nature and value of the conservatory of any distributions to or for the benefit of the construction are aware. (You may use Judicial Council form Marchelle and Coun	iservatee prior to your appointment as conservator of IC-025 for this purpose.) In page 2 must continue to and follow the
ctions for completion of items 14–16 or item	ns 14–18 on page 4, before signing below.
ect to the best of my information and belief. The	ents about the (proposed) ward or conservatee is information I have provided on this form and all nder penalty of perjury under the laws of the State
ne here	Sign here
co tł	ncerning myself is true and correct. I declare unat the foregoing is true and correct.

If you checked 8a on page 2, do not fill out below. If you checked 8b, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must answer questions 14–16. If you checked 8c, you must not have and an and a data from MC-Q25 or attach a sheet of paper, and write "Financial Individual" as the your paper and your paper your paper your paper you must notify the court within five days on form FEV-IIO-CC. Do not include income of guardian or conservated the ward's or conservated papers, and write "Financial Individual" as a paper and your papers and you	Name of (Proposed) Ward or Conservatee:				Case Number:			
from month. If it does, complete the form based on his or her average income for the past 12 months. from month is the past 12 months. (15) Ward's or Conservatee's Gross Monthly Income and amount of any income the ward or conservatee gets each month, including wages or other income from neveral gets each month, including wages or other income from the description of the past of the pas	8c, you must answer questions 14-18. If yo	ou need more spac	e, attach form	MC-025 or attac				
List the source and amount of any income the ward or conservatees gets each month, including-wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployement, military basic allowance for quarters (BAO), veterans payments, dividends, interest, trust income, amunities, net business or retnal income, reinthurssement for jobrelated expenses, gambling or lottery winnings, etc. (1)	Check here if the ward's or conservatee's in from month to month. If it does, complete the	come changes a lot	(17)Ward's or	•	usel	nold's Money	/ and Property \$	
1 S 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, spousablichild support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuties, net business or rental income, reimbursement for jobralated expenses, gambling or lottery winnings, etc.	her average income for the past 12 months.		b. All finar	ncial accounts (list ba	nk na	ame and amou	ınt):	
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 (BAO), veterans payments, dividends, interest, trust income, annuties, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1)	(15) Ward's or Conservatee's Gross Monthly	Income						
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, annutiles, net business or rental income, reinbursement for job-related expenses, gambling or lottery winning, etc. (1)	a. List the source and amount of any income the	ward or conservatee						
belote deductions, spotasiment, scloar security, disability, unemployment, military basic allowance for quarters (BAC), veterans payments, dividends, interest, trust income, amulties, net business or melal income, embrusines, net business of melal income, embrusines, net business,								
(BAQ), veterans payments, dividends, interest, trust income, annullius, net business or rental income, reinbursement for jobrelated expenses, gambling or lottery winnings, etc. (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			·					
annuties, net business or rental income, reimbursement for jobrelated expenses, gambling or lottery winnings, etc. (1)								
(2) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	annuities, net business or rental income, reim	bursement for job-			4	Value	Still Owe	
(3) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	related expenses, gambling or lottery winning	s, etc.	(2)		\$		 \$	
d. Real estate Fair Market How Much Yo Address Value Still Owe	(1)	\$			 \$			
Address Value Still Owe	(2)	\$						
(4) \$ \$ (1) \$ \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$ \$ (2) \$	(3)	\$	Ad	dress				
b. Total monthly income: (b) Ward's or Conservateo's Household's Income a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part for support, or on whom he or she depends in whole or in part for support. Name	(4)	\$	(1)		\$		\$	
bonds, etc.): Same	(5)	\$	(2)		\$		_\$	
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on him or her for support, or on whom he or she depends in whole or in part for support, or on whom he or she depends in whole or in part for support, or on whom he or she depends in whole or in part for support. Name	b. Total monthly income:	\$	e. Other p	ersonal property (jew	elry,	furniture, furs,	stocks,	
a. List the income of all other persons living in the ward's or conservatee's home who depend in whole or in part on him or her for support, or on whom he or she depends in whole or in part on thim or her for support. Name	(16) Ward's or Conservatee's Household's In	icome	bonds,	etc.):		- :		
home who depend in whole or in part on him or her for support, or on whom he or she depends in whole or in part for support. Name	a. List the income of all other persons living in the	ne ward's or conservate	e's De	scribe				
Name					\$			
Name Age Relationship Gross Monthly Income (1) \$ (2) \$ (3) \$ (4) \$ (5) \$ (6) \$ (7) \$ (8) \$ (10) \$ (whom he or she depends in whole or in part for	or support.					\$	
Deductions and Expenses a. List any payroll deductions and the monthly amount below: (1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			_ · · · 					
a. List any payroll deductions and the monthly amount below: (3)							,	
(4) \$ \$ (1) \$ \$ (2) \$ \$ (3) \$ \$ (4) \$ \$ (6) \$ \$ (6) \$ \$ (6) \$ \$ (6) \$ \$ (6) \$ \$ (6) \$ \$ (7) \$ \$ (8) \$ \$ (4) \$ \$ \$ (4) \$ \$ \$ (4) \$ \$ \$ (4) \$ \$ \$ (5) \$ (6) \$ \$ (7) \$ \$ (8) \$ \$ (2) \$ \$ (3) \$ \$ (3) \$ \$ (4) \$ \$ (4) \$ \$ (4) \$ \$ (5) \$ (6) \$ \$ (7) \$ \$ (8) \$ \$ (9) \$ \$ (10)				_	nd th	e monthly am	ount below:	
(2) (3) (3) (4) (4) (5) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			-	· ·		-		
(6) \$ \$ (4) \$								
(4) \$ (8) \$ (9) \$ (10) \$ (11) \$ (11) \$ (12) \$ (13) \$ (14) \$ (14) \$ (14) \$ (14) \$ (14) \$ (15) \$ (15) \$ (16) \$ (17) \$ (18) \$ (19) \$ (10) \$ (11) \$ (11) \$ (12) \$ (13) \$ (14) \$.			(3)				\$	
b. Rent or house payment and maintenance \$ c. Food and household supplies \$ d. Utilities and telephone \$ e. Clothing \$ f. Laundry and cleaning \$ g. Medical and dental expenses \$ h. Insurance (life, health, accident, etc.) \$ i. School, child care \$ j. Child, spousal support (another marriage) \$ k. Transportation, gas, auto repair and insurance \$ l. Installment payments (list each below): Paid to: Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the							\$	
(9) \$ C. Food and household supplies \$ d. Utilities and telephone \$ d. Utilities and te	(1)	φ				-		
Collities and telephone Sample Color				· ·			\$	
b. Total monthly income of persons above: \$ Total monthly income and household income (15b plus 16b): \$ To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the			d. Utilities	and telephone			\$	
Total monthly income and household income (15b plus 16b): To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	e. Clothing	g			\$	
household income (15b plus 16b): \$		Ψ					\$	
To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. Check here if you attach another page. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the		\$	-	•			\$	
To list any other facts you want the court to know, such as the (proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the	, ,			·	ent, e	etc.)		
(proposed) ward's or conservatee's unusual medical expenses, etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. Check here if you attach another page. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the k. Transportation, gas, auto repair and insurance \$ Installment payments (list each below): Paid to: (1) S M. Wages/earnings withheld by court order sold to: (1) Paid to: (1) (2) (3) M. Wages/earnings withheld by court order sold to: (1) Paid to: (1) (2) (3) Total monthly expenses	To list any other facts you want the court to ke	now such as the					·	
etc, attach form MC-025 or attach a sheet of paper and write "Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the								
"Financial Information" and the (proposed) ward's or conservatee's name and case number at the top. **Check here if you attach another page.** **Important!* If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. **Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the **Paid to: (1)							Φ	
conservatee's name and case number at the top. Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the (1)						510W).		
Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the			(1)				\$	
Check here if you attach another page. Important! If the ward's or conservatee's financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the (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. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the m. Wages/earnings withheld by court order n. Any other monthly expenses (list each below). Paid to: (1) (2) (3) (3) (5) Total monthly expenses	Check here if you attack	h another page. \square						
ability to pay court fees improves, you must notify the court within five days on form FW-010-GC. Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the	Important! If the ward's or conservatee's fin	ancial situation or					\$	
Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the Paid to: (1) (2) (3) Total monthly expenses Total monthly expenses		notify the court	_	-			Ψ	
Do not include income of guardian or conservator living in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the	within five days on form FW-010-GC.		•		(IISL	cacii below).	How Much?	
in the household in item 16, his or her money and property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the \$\text{Total monthly expenses}\$	Do not include income of quardien or con	ncorvator living	1					
property in item 17, or his or her deductions and expenses in item 18 unless he or she is a parent of the ward or the (3) Total monthly expenses								
in item 18 unless he or she is a parent of the ward or the Total monthly expenses			1					
in term to unless he of she is a parent of the war a of the				Total mont	hly e	expenses		
							Φ	

Rev. April 1, 2023

Request to Waive Court Fees (Ward or Conservatee)

FW-001-GC, Page 4 of 4

FW-003-G	Order on Court Fee Waiv (Superior Court) (Ward o		Clerk stamps date here when form is filed.
waive court	guardian or conservator who asl fees for (proposed) ward or con		
Name:			
Street or mail	ing address:State:	7:	
City:	State:	_ Zıp:	
Telephone:			
. — /	person in 1 has one:	C. D. M	
Name:		State Bar No:	-
Firm or Affili			Fill in power page and attract address.
Street or mail	ing address:	7:	Fill in court name and street address:
City:	State:	Zip:	Superior Court of California, County of
E-mail:		onone:	-
Name:	ward or conservatee:		
Street or mail	ing address:		
City:	State:	Zip:	
Telephone: _			
4 Lawyer for	(proposed) ward or conservatee,	if any:	Fill in case number and name:
Name:		State Bar No:	Case Number:
Firm or Affili	ation:		_
Street or mail	ing address:		Case Name:
City:	State: Telep	Zip:	
E-mail:	Telep	phone:	_
5 A request to v	waive court fees was filed on (date):		
☐ The cour	t made a previous fee waiver order in t	his case on (date):	
<u>—</u>	Read this form carefully. All	, ,	e court orders.
and may later orde can also charge con from persons who financial circumsta	r payment of the waived fees from his	or her estate. If this hap you to make efforts to servatee. If there is a ch	<u>C</u>
may order the othe		fees. If you settle the n	he ward or conservatee, the trial court natter for \$10,000 or more, the trial court art may not dismiss the case until the lien
	have a lien against the ward's or consardianship or conservatorship proceeding		
6 After reviewi	ng your: Request to Waiv	e Court Fees 🔲 .	Request to Waive Additional Court Fees
	kes the following orders:		
a. The co	ourt grant s your request concerning the	e ward's or conservatee	's court fees and costs, as follows:
(1) F	See Waiver. The court grants your requ	est and waives the fees	s and costs listed below.
	Cal. Rules of Court, rules 3.55 and 8.8.		
	Filing papers in superior court	• Court fee for phone	hearing
	Making copies and certifying copies	• Giving notice and ce	
•	Sheriff's fee to give notice	• Sending papers to an (List continued on nex	nother court department ct page.)

Name of	(Propo	osed) ward or Conservatee:	Case Number:				
6 a.	 Reporter's fee for attendance at hearing or trial, if you request that the court provide an official reporter's fee for attendance at hearing or trial, if you request that the court provide an official reporter's Assessment for court investigations under Probate Code section 1513, 1826, or 1851 Preparing, certifying, copying, and sending the clerk's transcript on appeal Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834 Making a transcript or copy of an official electronic recording under rule 8.835 						
	(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 <i>hearing</i>.) 					
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 Con	servatee:		Case Number:
request to waive court fee	s, and you will have 10 our cannot process the co	days to pay the ward's o ourt papers you filed wit	date, the judge will deny your or conservatee's fees. If you h your request. If the papers
might not go forward. After a der proceeds. If you or another perso reimbursed for such advances fro of administration. You might also obligation to support the ward or	guardianship or conservation ial, you may choose to a is appointed as guardian the assets of the guardian the assets of the guardian the right to reimboronservatee from assets there of the conservatee v	ratorship proceeding if the dvance the court costs you or conservator, you we lianship or conservators arsement for advanced control part of his or her estay who is managing the court of	he waiver is requested in that matter—yourself to ensure that the case rould have an opportunity to be hip estate, if any, as allowable expense court costs from persons with an tate, such as a parent of the ward, the uple's community property outside the
		Name and address	of court if different from above:
Hearing g Date:	Time:		
Dept.:	Room:		
Date:	Signature of (ch	eck one): Judicial	Officer Clerk, Deputy
language interpreter ser		ask at least 5 days before	assisted real-time captioning, or sign ore your hearing. Contact the clerk's 4.8.)
	Clerk's Cert	ificate of Service	
I certify that I am not involved in	this case and (check one)):	
☐ 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 cla from (city):A certificate of mailing is	, Cal	party and attorney, if any ifornia, on the date belo	y, at the addresses listed in 1 and 2, w.
Date:	, attached.		

This is a Court Order.

Clerk, by ______, Deputy Name:

Notice to Court of Improved Financial Situation or Settlement FW-010 CONFIDENTIAL Clerk stamps date here when form is filed. **Your Information** (person with a fee waiver): Street or mailing address: City: _____ State: ____ Zip: ____ Phone number: **Your lawyer,** if you have one (name, address, phone number, e-mail, 2 and State Bar number: Fill out court name and street address: Superior Court of California, County of Date of your **last** court fee waiver order in this case: (date) Fill out case number and case name: Case Number: Case Name: 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. ☐ My financial situation has changed since the date of the last court fee waiver order in a way that improves my ability to pay fees. I ask the court to do one of the following: a. \square End my fee waiver because my financial situation has improved and I am able to pay my court fees and costs that are due after (date): ______. b. Review my updated financial information in the attached Request to Waive Court Fees. I believe I am still eligible for a fee waiver. (Complete form FW-001 and attach to this form.) \square My case has settled for *(check one)* \square less than \$10,000 \square \$10,000 or more *(if so, complete a and b below.)* a. I (check one) have have not received the proceeds of the settlement. b. The name and address of the party who has agreed to pay the settlement: I declare under penalty of perjury under the laws of the State of California that the information above is true and correct. Date:

Print your name here

Sign here