

**Order on Court Fee Waiver**  
**APP-016-GC/FW-016-GC (Court of Appeal or Supreme Court)**  
**(Ward or Conservatee)**

Clerk stamps date here when form is filed.

**1 (Proposed) guardian or conservator who asked the court to waive court fees for (proposed) ward or conservatee:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**2 Lawyer, if person in 1 has one:**

Name: \_\_\_\_\_ State Bar No: \_\_\_\_\_  
Firm or Affiliation: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fill in court name and street address:

**3 (Proposed) ward or conservatee:**

Name: \_\_\_\_\_  
Street or mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Court of Appeal or Supreme Court  
Case Number:

**4 Ward's or Conservatee's Lawyer, if any: Name:** \_\_\_\_\_

Firm or Affiliation: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**5** On (date): \_\_\_\_\_, you filed a *Request to Waive Court Fees* (form FW-001-GC).

**6** The court reviewed your request and makes the following order:

a.  The court **grants** your request and waives the (proposed) ward's or conservatee's court fees and costs listed below. You do not have to pay fees for the following:

- Filing notice of appeal, petition for writ, or petition for review

Other (specify): \_\_\_\_\_

b.  The court **denies** your request for the following reasons:

(1)  Your request is incomplete. You have **10 days** from the date this notice was sent to:

- Pay the (proposed) ward's or conservatee's fees and costs, or
- File a new revised request that includes the items listed below (specify incomplete items):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Warning!** If you miss the deadline for paying the (proposed) ward's or conservatee's fees and costs or providing the additional items required by the court and you are the appellant, your appeal may be dismissed.

Court of Appeal/Supreme Court Case Name:

Court of Appeal or Supreme Court Case Number:

6 b. (2)  The information you provided on the request shows that the (proposed) ward or conservatee is not eligible for the fee waiver you requested for the following reasons (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have **10 days** from the date this notice was sent to:

- Pay the (proposed) ward's or conservatee's fees and costs, or
- File more information that shows that the (proposed) ward or conservatee is eligible for a fee waiver.

(3)  The court finds there is substantial question regarding the (proposed) ward's or conservatee's eligibility (describe issue(s) regarding eligibility):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have **10 days** from the date this notice was sent to:

- Pay the (proposed) ward's or conservatee's fees and costs, or
- File the following additional documents to support your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c.  The court needs more information. **You must go to court** on the date below.

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_

Name and address of court if different from page 1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Warning!** If item 6c. is checked and you do not go to court on the hearing date, the court will deny your request to waive court fees for the (proposed) ward or conservatee and you will have **10 days** to pay those fees. If you are the appellant and you do not pay the filing fees, your appeal may be dismissed.

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

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