

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:****Case Name:****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: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**4 Lawyer for (proposed) ward or conservatee, if any:**

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

**5 Date of order denying your request to waive court fees for the (proposed) ward or conservatee (month/day/year):** \_\_\_\_\_
 (Check here if you have a copy of the order denying your request, and attach it to this form.)
**6 I ask the court for a hearing on my fee waiver request so that I can bring more information about the (proposed) ward's or conservatee's financial situation.**

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

