

**Notice on Hearing About Court Fees  
(Ward or Conservatee)**

*Clerk stamps date here when form is filed.*

Empty rectangular box for clerk stamping date.

**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** The court received your request for a hearing about the ward's or conservatee's court fees on (date): \_\_\_\_\_.

**Read this form carefully. All checked boxes  are court orders.**

**6**  The court grants your request for a hearing on the eligibility of the ward or conservatee for a fee waiver. **Go to your court hearing** on the date below. You may bring information about the ward or conservatee's financial situation to the hearing.

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:**

Name and address of court if different from above:



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



**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. (Civil Code, § 54.8(f))

Name of (Proposed) Ward or Conservatee: \_\_\_\_\_

Case Number: \_\_\_\_\_

- 7**  The court **denies** your request for a hearing because (*check all that apply*):
- a.  The hearing request was not filed within ten days after the clerk gave notice of the denial of the request for a fee waiver. (Government Code section 68634(g).)
  - b.  No request to waive fees has been denied by the court in your action or proceeding.
  - c.  Other (*explain*): \_\_\_\_\_  
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Date: \_\_\_\_\_



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

### 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 notice to the parties and attorney(s), if any, listed in **(1)**, **(2)**, and **(4)**, at the court, on the date below.
  - This notice was mailed first class, postage paid, to the parties and attorney(s), if any, at the addresses listed in **(1)**, **(2)**, and **(4)**, from (*city*): \_\_\_\_\_, California on the date below.

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

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