

Notice to Appear for Reconsideration of Fee Waiver (Ward or Conservatee)

Clerk stamps date here when form is filed.

Warning: If you do not go to the hearing on the date and time below, the court may cancel the (proposed) ward's or conservatee's fee waiver.

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: _____

Fill in court name and street address:

Superior Court of California, County of

3 (Proposed) ward or conservatee:

Name: _____
Street or mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

Court fills in case number when form is filed.

Case Number:

Case Name:

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 has information that (check all that apply):

a. The ward's or conservatee's financial situation may have changed, or he or she may no longer be eligible for a fee waiver because (*explain*):

b. You may be increasing the costs of the ward's or conservatee's case unnecessarily. The fee waiver for the court services you are using may be limited because (*explain*):

c. The ward's or conservatee's case (or his or her guardianship or conservatorship proceeding) is coming to an end, and the court requires some information about his or her eligibility to have court fees waived.



Name of (Proposed) Ward or Conservatee: _____

Case Number: _____

6 You must go to court on the date below:

Hearing Date	→ Date: _____	Time: _____	Name and address of court if different from that shown on page 1: _____ _____ _____ _____
	Dept.: _____	Rm.: _____	

Bring the following information if reasonably available: _____

Date: _____

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



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.)

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 party 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 party 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