



Judicial Council of California

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REPORT TO THE JUDICIAL COUNCIL

Item No.: 25-028

For business meeting on February 21, 2025

Title

Rules and Forms: Technical Form Changes
to Reflect Federal Poverty Guidelines

Report Type

Action Required

Effective Date

March 1, 2025

Rules, Forms, Standards, or Statutes Affected

Revise forms APP-015/FW-015-INFO,
FW-001, FW-001-GC, and JV-132

Date of Report

February 7, 2025

Recommended by

Judicial Council staff
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Executive Summary

Certain Judicial Council forms contain calculations based on the federal poverty guidelines, which are updated annually in January. Judicial Council staff recommend revising four Judicial Council forms to reflect the 2025 guidelines and ensure these forms remain accurate.

Recommendation

Judicial Council staff recommend that the Judicial Council, effective March 1, 2025, revise the following forms to reflect the 2025 federal poverty guidelines:

- *Information Sheet on Waiver of Appellate Court Fees—Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO);
- *Request to Waive Court Fees* (form FW-001);
- *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC); and
- *Financial Declaration—Juvenile Dependency* (form JV-132).

The revised forms are attached at pages 5–15.

Relevant Previous Council Action

The council last revised forms FW-001, FW-001-GC, and APP-015/FW-015-INFO effective April 1, 2024, to reflect the 2024 federal poverty guidelines. Form JV-132 was last revised effective April 1, 2024, to reflect the addition of the federal poverty guidelines to the criteria established in the *Guidelines for the Juvenile Dependency Counsel Collections Program* (Appendix F of the California Rules of Court) for waiving liability for reimbursement of the cost of court-appointed counsel in dependency proceedings.

Analysis/Rationale

Fee waiver forms

Government Code section 68632 determines when courts must waive filing fees and other court costs due to a litigant's financial condition. A fee waiver must be granted to litigants whose household monthly income is 200 percent or less of the current poverty guidelines established by the U.S. Department of Health and Human Services (HHS).¹ The Judicial Council is required to annually publish a table establishing the threshold monthly household income for a fee waiver under section 68632, adjusted for household family size.²

This table is included in item 5b on *Request to Waive Court Fees* (form FW-001), in item 8b on *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC), and on page 1 of *Information Sheet on Waiver of Appellate Court Fees—Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

HHS released the 2025 federal poverty guidelines on January 15, 2025, and staff therefore recommend revising these three forms to reflect the new guidelines.³ To determine the new monthly income figures for the forms, the federal poverty guidelines are multiplied by 200 percent and divided by 12, as shown in Attachment A, Computation Sheet.⁴ The new figures are reflected in the revised tables on the attached forms.

Additionally, staff recommend revising form APP-015/FW-015-INFO to reflect the current jurisdictional limit of \$35,000.⁵ Pages 1 and 2 of the form contain several outdated references to the previous limit of \$25,000.

¹ Gov. Code, § 68632(b)(1).

² *Id.*, § 68632(b)(2).

³ The 2025 figures have been published in the Federal Register. See U.S. Department of Health and Human Services, Annual Update of the HHS Poverty Guidelines, 90 Fed.Reg. 5917. (See Link A.)

⁴ The monthly income figures in Attachment A and the tables on the revised forms slightly exceed 200 percent of the poverty guidelines because they are rounded to the nearest cent. The language on the forms reflects this slight excess in stating that the item should be checked if the household income is “less than” the amount in the chart.

⁵ Code Civ. Proc., § 85.

Juvenile form

The Judicial Council administers a program under Welfare and Institutions Code section 903.47 to collect reimbursement of the cost of court-appointed counsel in dependency proceedings.

Guidelines for the Juvenile Dependency Counsel Collections Program contains a statewide standard for determining an obligated person's ability to pay reimbursement. Under these guidelines, a person is presumed to be unable to pay reimbursement and is eligible for a waiver of liability if they receive qualifying public benefits or qualify for a fee waiver under the criteria of Government Code section 68632(b)(1).⁶ *Financial Declaration—Juvenile Dependency* (form JV-132) is used to determine a person's financial condition when deciding if they are eligible for a waiver of liability for the cost of court-appointed counsel.⁷

Item 3 on form JV-132 contains figures based on the federal poverty guidelines. Staff recommend revising item 3 to reflect the 2025 federal poverty guidelines. To determine the new monthly income figures for the form, the federal poverty guidelines are multiplied by 200 percent and divided by 12, as shown in Attachment A, Computation Sheet. The new figures are reflected in the revised tables on the attached form.

Policy implications

The revised forms include calculations based on the federal poverty guidelines, which have been updated for 2025. Revising the forms will ensure that litigants and courts have accurate information to decide fee waivers and liability for reimbursement of the cost of court-appointed counsel in dependency proceedings. The Judicial Council is required by statute and the California Rules of Court to annually revise these forms to reflect the current federal poverty guidelines. Accordingly, the key policy implication is to ensure that these council forms correctly reflect the current guidelines.

Comments

Public comments were not solicited for this proposal because the Rules Committee determined that the recommendation is within the Judicial Council's purview to adopt without circulation. (See Cal. Rules of Court, rule 10.22(d)(2).)

Alternatives considered

Staff did not consider the alternative of taking no action because the Judicial Council is required by statute and the California Rules of Court to annually revise these forms to reflect the current federal poverty guidelines.

Fiscal and Operational Impacts

If a court provides free copies of these forms to parties, it will incur costs to print or duplicate the forms. Because the revisions are required by law, these operational impacts cannot be avoided.

⁶ Cal. Rules of Court, appen. F, § 6(d)(1).

⁷ *Id.*, § 6(d)(3).

Attachments and Links

1. Forms APP-015/FW-015-INFO, FW-001, FW-001-GC, and JV-132, at pages 5–15
2. Attachment A: Computation Sheet
3. Link A: HHS Poverty Guidelines for 2025, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

INFORMATION SHEET ON WAIVER OF APPELLATE COURT FEES— SUPREME COURT, COURT OF APPEAL, APPELLATE DIVISION

If you file an appeal, a petition for a writ, or a petition for review in a civil case, such as a family law case or a case in which you sued someone or someone sued you, you must generally pay a filing fee to the court. If you are a party other than the party who filed the appeal or the petition, you must also generally pay a fee when you file your first document in a case in the Court of Appeal or Supreme Court. You and the other parties in the case may also have to pay other court fees in these proceedings, such as fees to prepare or get a copy of a clerk's transcript in an appeal. However, if you cannot afford to pay these court fees and costs, you may ask the court to issue an order saying you do not have to pay these fees (this is called "waiving" these fees).

1. Who can get their court fees waived? The court will waive your court fees and costs if:

- **You are getting public assistance**, such as Medi-Cal; Food Stamps; Supplemental Security Income (not Social Security); State Supplemental Payment; County Relief/General Assistance; In-Home Supportive Services; CalWORKS; Tribal Temporary Assistance for Needy Families; Cash Assistance Program for Aged, Blind, and Disabled; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program); or unemployment compensation.
- **You have a low income level.** Under the law you are considered a low-income person if the gross monthly income (before deductions for taxes) of your household is less than the amount listed below:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67

If more than 6 people at home, add \$916.67 for each extra person.

- **You do not have enough income to pay for your household's basic needs and your court fees.**

2. What fees and costs will the court waive? If you qualify for a fee waiver, the Supreme Court, Court of Appeal, or Appellate Division will waive the filing fee for the notice of appeal, a petition for a writ, a petition for review, or the first document filed by a party other than the party who filed the appeal or petition, and any court fee for participating in oral argument by telephone. The trial court will also waive costs related to the clerk's transcript on appeal, the fee for the court to hold in trust the deposit for a reporter's transcript on appeal under rule 8.130(b) or rule 8.834(b) of the California Rules of Court, and the fees for making a transcript or copy of an official electronic recording under rule 8.835. If you are the appellant (the person who is appealing the trial court decision), the fees waived include the deposit required under Government Code section 68926.1 and the costs for preparing and certifying the clerk's transcript and sending the original to the reviewing court and one copy to you. If you are the respondent (a party other than the appellant in a case that is being appealed), the fees waived include the costs for sending you a copy of the clerk's transcript. You can also ask the trial court to waive other necessary court fees and costs.

The court **cannot** waive the fees for preparing a reporter's transcript in a civil case. A special fund, called the Transcript Reimbursement Fund, may help pay for the transcript. (See www.courtreportersboard.ca.gov/consumers/index.shtml#trf and Business and Professions Code sections 8030.2 and following for more information about this fund.) If you are unable to pay the cost of a reporter's transcript, a record of the oral proceedings can be prepared in other ways, by preparing an agreed statement or, in some circumstances, a statement on appeal or settled statement.

3. How do I ask the court to waive my fees?

- **Appeal in Limited Civil Case (civil case in which the amount of money claimed is \$35,000 or less).** In a limited civil case, if the trial court already issued an order waiving your court fees *and that fee waiver has not ended* (fee waivers automatically end 60 days after the judgment), the fees and costs identified in item 2 above are already waived; just give the court a copy of your current fee waiver. If you do not already have an order waiving your fees or you had a fee waiver but it has ended, you must complete and file a *Request to Waive Court Fees* (form FW-001). If you are the appellant (the party who is appealing), you should check both boxes in item 4 on FW-001 and file the completed form with your notice of appeal. If you are the respondent (a party other than the appellant in a case that is being appealed), the completed form should be filed in the court when the fees you are requesting to be waived, such as the fee for the clerk's transcript or telephonic oral argument, are due.

- **Writ Proceeding in Limited Civil Case (civil case in which the amount of money claimed is \$35,000 or less).** If you want the Superior Court to waive the fees in a writ proceeding in a limited civil case, you must complete a *Request to Waive Court Fees* (form FW-001). In item 4 on FW-001, check the second box. The completed form should be filed with your petition for a writ.
- **If You Are a Guardian or Conservator.** If you are a guardian or conservator or a petitioner for the appointment of a guardian or conservator, special rules apply to your request for a fee waiver on an appeal from an order in the guardianship or conservatorship proceeding or in a civil action in which you are a party acting on behalf of your ward or conservatee. Complete and submit a *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC) to request a fee waiver. See California Rules of Court, rule 7.5.
- **Appeal in Other Civil Cases.** If you want the court to waive fees and costs in an appeal in a civil case other than a limited civil case, such as a family law case or an unlimited civil case (a civil case in which the amount of money claimed is more than \$35,000), you must complete a *Request to Waive Court Fees* (form FW-001). In item 4 on FW-001, check the second box to ask the Court of Appeal to waive the fee for filing the notice of appeal or, if you are a respondent (a party other than the one who filed the appeal), the fee for the first document you file in the Court of Appeal. Check both boxes if you also want the trial court to waive your costs for the clerk's transcript (if the trial court already issued an order waiving your fees *and that fee waiver has not ended*, you do not need to check the first box; the fees and costs identified in item 2 above are already waived, just give the court a copy of your current fee waiver). If you are the appellant, the completed form should be submitted with your notice of appeal (if you check both boxes in item 4, the court may ask for two signed copies of this form). If you are the respondent, the completed form should be submitted at the time the fee you are asking the court to waive is due. For example, file the form in the trial court with your request for a copy of the clerk's transcript if you are asking the court to waive the transcript fee or file the form in the Court of Appeal with the first document you file in that court if you are asking the court to waive the fee for filing that document. To request waiver of a court fee for telephonic oral argument, you should file the completed form in the Court of Appeal when the fee for telephonic oral argument is due.
- **Writ Proceeding in Other Civil Cases.** If you want the Supreme Court or Court of Appeal to waive the fees and costs in a writ proceeding in a civil case other than a limited civil case, such as a family law case or an unlimited civil case (a civil case in which the amount of money claimed is more than \$35,000), you must complete a *Request to Waive Court Fees* (form FW-001). If you are the petitioner (the party filing the petition), the completed form should be submitted with your petition for a writ in the Supreme Court or Court of Appeal clerk's office. If you are a party other than the petitioner, the completed form should be filed with the first document you file in the Supreme Court or Court of Appeal.
- **Petition for Review.** If you want to request that the Supreme Court waive the fees in a petition for review proceeding, you must complete a *Request to Waive Court Fees* (form FW-001) or a *Request to Waive Court Fees (Ward or Conservatee)* (form FW-001-GC). If you are the petitioner, you should submit the completed form with your petition for review. If you are a party other than the petitioner, the completed form should be filed with the first document you file in the Supreme Court.

IMPORTANT INFORMATION!

- **Fill out your request completely and truthfully.** When you sign your request for a fee waiver, you are declaring under penalty of perjury that the information you have provided is true and correct.
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court immediately if your finances improve or if you become able to pay court fees or costs during this case (file form FW-010 with the court). You may be ordered to repay any amounts that were waived after your eligibility ended. If the trial court waived your fees and costs and you settle your case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or when the court finds that you are not eligible for a fee waiver.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.

DRAFT

1/15/2025

**NOT APPROVED
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Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Your Information (person asking the court to waive the fees):

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

2 Your Job, if you have one (job title): _____

Name of employer: _____

Employer's address: _____

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number): _____

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions):

- ☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS
- ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):

- ☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here): ☐

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

Print your name here

Sign here

Your name: _____

Case Number: _____

*If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.*

- 7** ☐ Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

- a. List the source and amount of **any** income you get 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, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

b. **Your total monthly income:** \$ _____

9 Household Income

- a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. **Total monthly income of persons above:** \$ _____

Total monthly income and household income (8b plus 9b): \$ _____

10 Your Money and Property

- a. Cash \$ _____
 b. All financial accounts (*List bank name and amount*):
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

- d. Real estate
- | Address | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |

- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |

11 Your Monthly Deductions and Expenses

- a. List any payroll deductions and the monthly amount below:

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

- b. Rent or house payment & 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:
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

- m. Wages/earnings withheld by court order \$ _____

- n. Any other monthly expenses (*list each below*):
 Paid to: How Much?
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

Total monthly expenses (add 11a – 11n above): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

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 their support, is a low-income person, or does not have enough income to pay for their 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, their 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
- You settle the civil case on behalf of the ward or conservatee for \$10,000 or more. The trial court that waives fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge the ward or conservatee, or their estate, any collection costs.

Clerk stamps date here when form is filed.

DRAFT
1/15/2025
NOT APPROVED
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Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Your Information (guardian or conservator, or person asking the court to appoint a guardian or conservator):

Name: _____ Phone: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

2 Your Lawyer (if you have one): Name: _____

Firm or Affiliation: _____ State Bar No.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

a. The lawyer has agreed to advance all or a portion of court fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here.) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your or the ward's or conservatee's low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

3 Ward's or Conservatee's Information (file a separate Request for each ward in a multiward case):

Name: _____ Age and date of birth (ward only): _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

4 Ward's or Conservatee's Lawyer, if any: Name: _____

Firm or Affiliation: _____ State Bar No.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

5 Ward or Conservatee's Job (job title; if not employed, so state): _____

Name of employer: _____

Employer's address: _____ State: _____ Zip: _____



Name of (Proposed) Ward or Conservatee:

Case Number:

6 What court's fees or costs are you asking to be waived?

- ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

- 7** ☐ Check here if you asked the court to waive court fees for this case in the last six months.
(If your previous request is reasonably available, please attach it to this form and check here): ☐

8 Why are you asking the court to waive the ward's or conservatee's court fees?

- 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

(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 at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

- c. ☐ The ward's or conservatee's household does not have enough income to pay for its basic needs and the court fees. I ask the court to (check one, and you **must** fill out items 14, 15, 16, 17, and 18 on page 4):*
- (1) ☐ Waive all court fees and costs. (2) ☐ Waive some court fees and costs.
(3) ☐ Let the (proposed) guardian or conservator, on behalf of the (proposed) ward or conservatee, make payments over time.

* (Do not include income of guardian or conservator living in the household in 8b or 8c or count them in family size in 8b, unless they are a parent of the ward or the spouse or registered domestic partner of the conservatee.)

Guardians or petitioners for their appointment must complete items 9 and 10.

9 Ward's Estate: ☐ Person only, no estate. ☐ Inventory or petition estimated value:

Source (e.g., gift, inheritance, settlement, judgment, insurance): Est. collection date:

10 Ward's Parents' Information:

- a. Name of ward's parent: ☐ Deceased (date of death):
Street or mailing address:
City: State: Zip:
Phone:
- b. Name of ward's parent: ☐ Deceased (date of death):
Street or mailing address:
City: State: Zip:
Phone:
- 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: Case Number:
Date of order (if multiple, date of latest): Monthly amount:



Name of (Proposed) Ward or Conservatee: _____

Case Number: _____

Conservators or petitioners for their appointment must complete items 11–13.

11 Conservatee's Estate: ☐ Person only, no estate.

☐ Inventory or petition estimated value: _____

Est. collection date: _____

12 Conservatee's Spouse's or Registered Domestic Partner's Information:

Name of conservatee's spouse or registered domestic partner: _____ ☐ Spouse ☐ Partner

Date of marriage or partnership: _____ ☐ Deceased (date of death): _____

Street or mailing address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name of employer (if none, so state): _____

Employer's address: _____ State: _____ Zip: _____

The conservatee's spouse or partner ☐ is ☐ is not managing, or following appointment of a conservator is planning to manage, some or all of the couple's community property outside the conservatorship estate.

If you selected "is" above: The income, money, and property shown on page 4 ☐ includes ☐ does not include the income and property managed, or expected to be managed, by the spouse/partner outside the estate.

☐ Divorced (date of final judgment or decree): _____

Court: _____

Case Number: _____ Support order for conservatee? ☐ No ☐ Yes

Date of support order (if multiple, date of latest): _____ Monthly amount: _____

13 The Conservatee and Trusts:

The conservatee:

a. ☐ is ☐ is not a trustor or settlor of a trust.

b. ☐ is ☐ is not a beneficiary of a trust.

If you selected "Is" to complete any of the above statements, identify and provide, in an attachment to this *Request*, the current address and telephone number of the current trustee(s) of each trust, describe the general terms of and value of each trust and the nature and value of the conservatee's interest in each trust, and the amount(s) and frequency of any distributions to or for the benefit of the conservatee prior to your appointment as conservator of which you are aware. (You may use Judicial Council form MC-025 for this purpose.)

All applicants who checked item 8b or item 8c on page 2 must continue to and follow the instructions for completion of items 14–16 or items 14–18 on page 4, before signing below.

The information I have provided on this form and all attachments about the (proposed) ward or conservatee is true and correct to the best of my information and belief. The information I have provided on this form and all attachments concerning myself is true and correct. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Print your name here

Sign here

Name of (Proposed) Ward or Conservatee:

Case Number:

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 14–18. If you need more space, attach form MC-025 or attach a sheet of paper, and write "Financial Information" and the ward's or conservatee's name and case number at the top.

- 14 ☐ Check here if the ward's or conservatee's income changes a lot from month to month. If it does, complete the form based on their average income for the past 12 months.

15 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, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____
(4)	_____	\$ _____
(5)	_____	\$ _____

b. Total monthly income: \$ _____

16 Ward's or Conservatee'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 on them for support, or on whom they depend in whole or in part for support.

	Name	Age	Relationship	Gross Monthly Income
(1)	_____	_____	_____	\$ _____
(2)	_____	_____	_____	\$ _____
(3)	_____	_____	_____	\$ _____
(4)	_____	_____	_____	\$ _____
(5)	_____	_____	_____	\$ _____
(6)	_____	_____	_____	\$ _____
(7)	_____	_____	_____	\$ _____
(8)	_____	_____	_____	\$ _____
(9)	_____	_____	_____	\$ _____
(10)	_____	_____	_____	\$ _____

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, their money and property in item 17, or their deductions and expenses in item 18 unless they are a parent of the ward or the spouse or registered domestic partner of the conservatee.

17 Ward's or Conservatee's Household's Money and Property

a. Cash \$ _____

b. All financial accounts (list bank name and amount):

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____

c. Cars, boats, and other vehicles

	Make / Year	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____
(3)	_____	\$ _____	\$ _____

d. Real estate

	Address	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	Describe	Fair Market Value	How Much You Still Owe
(1)	_____	\$ _____	\$ _____
(2)	_____	\$ _____	\$ _____

18 Ward's or Conservatee's Household's Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____
(4)	_____	\$ _____

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:

(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____

m. Wages/earnings withheld by court order \$ _____

n. Any other monthly expenses (list each below).

Paid to:

		How Much?
(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____

Total monthly expenses (add 18a – 18n above): \$ _____

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.:</p> <p>NAME:</p> <p>FIRM NAME:</p> <p>STREET ADDRESS:</p> <p>CITY: STATE: ZIP CODE:</p> <p>TELEPHONE NO.: FAX NO.:</p> <p>EMAIL ADDRESS:</p> <p>ATTORNEY FOR (name):</p>	<p><i>FOR COURT USE ONLY</i></p> <p>DRAFT</p> <p>1/15/2025</p> <p>NOT APPROVED</p> <p>BY COUNCIL</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>CHILDREN'S NAMES:</p>	
<p>FINANCIAL DECLARATION—JUVENILE DEPENDENCY</p>	<p>CASE NUMBER:</p>

1. Personal Information:

Name:		Social Security Number:	
Other names used:			
I.D. or Driver's License Number:		Date of Birth:	Age:
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Other Responsible Person (<i>specify</i>):			
Street or Mailing Address:			
City:	State:	Zip:	Phone: Alternate Phone:
Marital Status:			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Name of Spouse/Partner:		Number of dependents living with you:	
Names and ages of dependents:			

2. I receive (*check all that apply*): ☐ Medi-Cal ☐ SNAP (food stamps) ☐ SSI ☐ SSP
- ☐ County Relief/General Assistance ☐ CalWORKS or Tribal TANF (*Temporary Assistance for Needy Families*)
- ☐ IHSS (*In-Home Supportive Services*) ☐ CAPI (*Cash Assistance Program for Aged, Blind, and Disabled*)
- ☐ California Special Supplemental Nutrition Program for Women, Infants, and Children (*WIC Program*)
- ☐ Unemployment compensation

3. ☐ My gross monthly household income (*before deductions for taxes*) is less than the amount listed below:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

4. ☐ I have been reunified with my child(ren) under a court order (attached).

5. ☐ I am receiving court-ordered reunification services.

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PERSON'S NAME:	

6. Employment:

Your Employment				Your Spouse/Partner's Employment			
Employer:				Employer:			
Address:				Address:			
City and Zip Code:		Phone:		City and Zip Code:		Phone:	
Type of Job:				Type of Job:			
How long employed:	Working now?	Monthly salary:	Take home pay:	How long employed:	Working now?	Monthly salary:	Take home pay:
If not now employed, who was your last employer? (name, address, city, and zip code):				If not now employed, who was this person's last employer? (name, address, city, and zip code):			
Phone number of last employer:				Phone number of last employer:			

7. Other Monthly Income and Assets:

Other Income	Assets: What Do You Own?
Unemployment \$	Cash \$
Disability \$	Real Property/Equity \$
Social Security \$	Cars and Other Vehicles \$
Workers' Compensation \$	Life Insurance \$
Child Support Payments \$	Bank Accounts (<i>list below</i>)..... \$
Foster Care Payments \$	Stocks and Bonds \$
Other Income \$	Business Interest \$
Total \$	Other Assets \$
	Total \$
	Name and branch of bank:
	Account numbers:

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PERSON'S NAME:	

8. Expenses:

Monthly Household Expenses	Reunification Plan: Monthly Cost of Required Services
Rent or Mortgage Payment \$	Parenting Classes \$
Car Payment \$	Substance Abuse Treatment \$
Gas and Car Insurance \$	Therapy/Counseling \$
Public Transportation \$	Medical Care/Medications \$
Utilities (<i>Gas, Electric, Phone, Water, etc.</i>).... \$	Domestic Violence Counseling \$
Food \$	Batterers' Intervention \$
Clothing and Laundry \$	Victim Support \$
Child Care \$	Regional Center Programs \$
Child Support Payments \$	Transportation \$
Medical Payments \$	In-Home Services \$
Other Necessary Monthly Expenses \$	Other \$
Total \$	Total \$

9. Loan/Expense Payments (*other than mortgage or car loan*):




Name of lender and type of loan/expense	Monthly payment	Balance owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Date:

(TYPE OR PRINT NAME)	 _____ (SIGNATURE OF DECLARANT)
----------------------	--

FOR FINANCIAL EVALUATION OFFICER USE ONLY

TOTAL INCOME \$	COST OF LEGAL SERVICES \$		
TOTAL EXPENSES \$	MONTHLY PAYMENT \$		
NET DISPOSABLE INCOME \$	TOTAL COST ASSESSED \$		
<p>The above-named responsible person is presumed unable to pay reimbursement for the cost of legal services in this proceeding and is eligible for a waiver of liability because</p> <p><input type="checkbox"/> they receive qualifying public benefits</p> <p><input type="checkbox"/> their household income falls below 200% of the current federal poverty guidelines</p> <p><input type="checkbox"/> they have been reunified with the child(ren) under a court order and payment of reimbursement would harm their ability to support the child(ren).</p>			
<p>Date:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-bottom: 1px solid black; text-align: center;">(TYPE OR PRINT NAME)</td> <td style="width:50%; text-align: center;">  _____ (SIGNATURE OF FINANCIAL EVALUATION OFFICER) </td> </tr> </table>		(TYPE OR PRINT NAME)	 _____ (SIGNATURE OF FINANCIAL EVALUATION OFFICER)
(TYPE OR PRINT NAME)	 _____ (SIGNATURE OF FINANCIAL EVALUATION OFFICER)		

Computation Sheet

Number in Family	2025 Federal Poverty Guidelines (A)	200% of Poverty Guidelines (B) <i>(B = A x 200%)</i>	2025 California Monthly Income (C) <i>(C = B / 12)*</i>
1	\$15,650	\$31,300.00	\$2,608.33
2	21,150	42,300.00	3,525.00
3	26,650	53,300.00	4,441.67
4	32,150	64,300.00	5,358.33
5	37,650	75,300.00	6,275.00
6	43,150	86,300.00	7,191.67
For each additional person, add:	5,500	11,000.00	916.67

* These amounts have been rounded to the nearest whole cent. Language on the forms reflects this slight excess by stating that the household income is “less than” the amounts in the chart.