

<b>ATTORNEY OR PARTY WITHOUT ATTORNEY</b> (Name, State Bar number, and address)	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	
ATTORNEY FOR (Name): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____	
BRANCH NAME: _____ <input type="checkbox"/> GUARDIANSHIP OF (Name): _____  <div style="text-align: right;"><input type="checkbox"/> Minor</div>	
<b>OBJECTION TO GUARDIANSHIP</b>	Case Number _____

I am related to the child as the  Mother  Father  Stepparent  Grandparent  Other relative  Friend

I object to the petitioner getting guardianship of the child/children because:

**For the parent:**

	Yes	No
I will agree to getting a drug test if the Court orders one.	<input type="checkbox"/>	<input type="checkbox"/>
I will agree to an investigation and home visit by the Court investigator if the Court orders one.	<input type="checkbox"/>	<input type="checkbox"/>
I will agree to the petitioner having regular visitation with the child/children if the Court orders it.	<input type="checkbox"/>	<input type="checkbox"/>

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct of my own knowledge.

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

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

<input type="checkbox"/> GUARDIANSHIP OF (Name):	CASE NUMBER:
<input type="checkbox"/> MINOR	

**PROOF OF SERVICE OF OBJECTION**

1. I am over the age of 18 and not a party to this case. I am a resident or employed in the county where the mailing occurred.
2. My resident or business address is:
  
  
  
3. I served the foregoing Objection to Guardianship on each person named below by enclosing a copy in an envelope addressed as shown below AND

- Depositing the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with postage fully prepaid.
- Placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. Date mailed: \_\_\_\_\_ Place mailed (city, state): \_\_\_\_\_

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct of my own knowledge.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

**NAME AND ADDRESS OF EACH PERSON TO WHOM THE NOTICE WAS MAILED**

<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.	
2.	