

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED 627 W. 21st Street, Merced, CA 95340 1159 "G" Street, Los Banos, CA 93635 PROBATE DEPARTMENT		
GUARDIANSHIP OF		
OBJECTION TO: <input type="checkbox"/> Guardianship <input type="checkbox"/> Termination of Guardianship		CASE NO.

1. I am related to the child as the Mother Father Stepparent Grandparent
 Other: _____.
2. I object because:

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

DATED: _____

Name: _____

Signature: _____

GUARDIANSHIP OF (NAME):	CASE NUMBER:
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PROOF OF SERVICE OF OBJECTION

1. I am over the age of 18 and not a party to this cause. I am a resident or employed in the county where the mailing occurred.
2. My residence or business address is:
3. I served the foregoing **Objection to Guardianship** or **Objection to Termination of 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 the 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.

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

SIGNATURE

Date

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	<u>Name of person served</u>	<u>Address (Number, Street, City, State, and Zip Code)</u>
1.		
2.		
3.		
4.		
5.		
6.		