

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) TELEPHONE NO: ATTORNEY FOR (Name)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER STREET ADDRESS: 1175 CIVIC CENTER BLVD. MAILING ADDRESS: SAME CITY AND ZIP CODE: YUBA CITY, CA 95991	
Guardianship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	
<input type="checkbox"/> OBJECTION TO GUARDIANSHIP <input type="checkbox"/> OBJECTION TO TERMINATION OF GUARDIANSHIP	CASE NUMBER:

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

I object because:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

 (SIGNATURE OF PERSON COMPLETING THIS FORM)

Objection to Guardianship / Objection to Termination of Guardianship

Probate Code §1510

GUARDIANSHIP OF (NAME):

CASE NUMBER:

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 residence or business address is:

3. I served the **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. Dated mailed:

Place mailed (City, State):

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

Date:

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

1.

4.

2.

5.

3.

6.