

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO 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>	
OBJECTION TO GUARDIANSHIP	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:

I will agree to a drug test if the Court orders one. Yes No

I will agree to an investigation and home visit by the Court Investigator if the Court orders one. Yes No

I will agree to the petitioner having regular visitation with the child/children if the Court orders it. Yes No

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 <i>(Name)</i> : <input type="checkbox"/> MINOR	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 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 State 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 NOTICE WAS MAILED

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