ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address):*

FOR COURT USE ONLY

TELEPHONE NUMBER: FAX NUMBER *(Optional)*:

EMAIL ADDRESS *(Optional)*:

ATTORNEY FOR *(Name)*:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
  MAILING ADDRESS: 191 North First Street
  CITY AND ZIP CODE: San José, California 95113
         DIVISION: Probate Division

GUARDIANSHIP OF *(child's name)*:

OBJECTION TO PETITION TO TERMINATE GUARDIANSHIP

CASE NUMBER:

I, *(my name)* _____, declare:

I am a: ☐ Guardian   ☐ Parent   ☐ Other: _____

I object to the Petition to Remove Guardian filed by *(name)* _____

for the following reasons: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Check here if you need more space. Continue to explain on a separate piece of paper and attach it to this page.

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.

_____   _____   _____
Today's date   Print your name here   Sign your name here

GUARDIANSHIP OF *(child's name(s))*:	CASE NUMBER:

PROOF OF SERVICE

1. I am over age 18 and am not a party in this case. I live or work in the county where the mailing occurred.

2. **My (the server's) home or business address is:** _____
    <div align="center">STREET ADDRESS</div>

    _____
    <div align="center">CITY, STATE, ZIP</div>

3. I served the Petition to Remove Trustee on each person named below by putting a copy in a sealed envelope addressed as shown below AND

    ☐ **depositing** the 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 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 Signed   **Server Prints His/Her Name Here**   **Server Signs His/Her Name Here**

I Mailed this Notice to the Following People:

Names of People Served: **Addresses of People Served:**

Name:	Mailing Address:_____ City, State, Zip Code:_____
Name:	Mailing Address:_____ City, State, Zip Code:_____
Name:	Mailing Address:_____ City, State, Zip Code:_____
Name:	Mailing Address:_____ City, State, Zip Code:_____

☐ Additional people are listed on an attachment