

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) TELEPHONE NUMBER: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1500 COURT STREET, ROOM 319 CITY AND ZIP CODE: REDDING, CA 96001 DIVISION: CIVIL	
GUARDIANSHIP OF (name):	
OBJECTION TO PETITION FOR GUARDIANSHIP	CASE NUMBER:

NOTICE: If you do not object in writing or obtain a court order preventing the proposed action, you will be treated as if you consented to the proposed action and you may not object after the proposed action has been taken. If you wish to object, you may use this form or prepare your own written objection.

I am related to the child as the ___ Mother ___ Father ___ Other (describe): _____

I do not agree that _____ should be guardian of the child/children

because: _____

___ 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 (children's name(s)):	CASE NUMBER:
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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:** _____

Street Address

City, State, Zip

3. I served the Objection to Guardianship 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:

Additional People are listed on an attachment