



# OBJECTION TO GUARDIANSHIP

FORMS ARE AVAILABLE ON THE INTERNET AT  
<https://www.sjcourts.org/forms-filing/local-forms/>

## GENERAL INFORMATION

In order to file for Objection to Guardianship the following documents are required:

- Objection to Guardianship
- Proof of Service of Objection to Guardianship

## FILING AND NOTICE REQUIREMENTS

Complete the Documents as shown in the samples in this packet. Make a copy for each person that needs to be served. Service needs to go to everyone served with the Petition for Guardianship, generally that is:

- Parents of the Minor;
- Paternal Grandparents of the Minor;
- Maternal Grandparents of the Minor;
- The Minor, if he or she is 12 years old or older;
- Siblings of the Minor, if he or she is 12 years old or older.

The Objection can be served by mail or personal service. Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18** serve the other parties with the Objection and Proof of Service. Have the person who served the parties sign and date the Proof of Service (page 3).

Now you need to file the documents with the court. You will need an original and two copies of the Objection and Proof of Service. The original should be unstapled but paper clipped or kept together in some other manner. There is not a filing fee if a parent is filing the objection in San Joaquin County. If the individual filing is someone other than the parent there is a filing fee of \$180.00. Other counties may charge differently. Fee waivers are available for those who qualify. File your documents at the Probate Division of the Clerk's office on the 4<sup>th</sup> Floor. They will keep the original documents and return endorsed filed copies to you.

**Disclaimer:** This Guide is intended as general information only. Your case may have factors requiring different procedures or forms. The information and instructions are provided for use in the San Joaquin County Superior Court. Please keep in mind that each court may have different requirements. If you need further assistance consult a lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):		FOR COURT USE ONLY	
YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP			
TELEPHONE NO:			
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):	IN PRO PER		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN</b>			
STREET ADDRESS: 180 E. WEBER AVENUE			
MAILING ADDRESS: SAME			
CITY AND ZIP CODE: STOCKTON, CA 95202			
BRANCH OF NAME: STOCKTON			
GUARDIANSHIP OF (Name):		CASE NUMBER:	
MINORS NAME		CASE NUMBER	
<b>OBJECTION TO PETITION FOR APPOINTMENT OF GUARDIAN</b>		HEARING:DATE:	
		DEPT:	TIME:

I, YOUR NAME, Objector, states as follows:

1. I am related to the child as the  mother  father  stepparent  grandparent  Other:

2. I object to the petition for appointment of guardian(s) of the  person and  estate in this proceeding, on the following grounds:

- No reason exists for the removal of the minor from the custody and control of the minor's parent(s)
- Objector is entitled to be appointed Guardian of the  person  estate of the minor in preference to the Proposed Guardian
- The Proposed Guardian is unfit.
- The minor has nominated another person in place of the Proposed Guardian.
- No Guardianship of the minor is necessary.
- Other:

3. The reasons for this objection are:

EXPLAIN WHY THIS PERSON IS NOT SUITABLE AS A GUARDIAN AND/OR WHY A GUARDIAN IS NOT NEEDED

Continued on Attachment 3

YOU CAN MARK THE BOX AND ATTACH FORM MC-020, IF YOU NEED ADDITIONAL SPACE. DOWNLOAD THE FORM FROM: <https://www.courts.ca.gov/documents/mc020.pdf>

GUARDIANSHIP OF (Name):	<b>MINORS NAME</b>	CASE NUMBER
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4.  Instead of the Proposed Guardian, Objector believes it is in the best interest of the minor that \_\_\_\_\_ **NAME OF ALTERNATE GUARDIAN** \_\_\_\_\_ be appointed guardian of the  person and  es

WHEREFORE, Objector requests that:

The ~~Court deny the Petition for Appointment~~ of Guardian filed;

**NAME OF ALTERNATE GUARDIAN**, be appointed Guardian(s) of the Minor;

Petitioner be ordered to return the minor(s) to the care, custody and control of the Objector;

Other:

And for such other relief as the Court may deem proper.

Date:           **DATE HERE**                     **SIGN HERE**            
Objector (*Signature*)

**VERIFICATION**

I,           **YOUR NAME**          , am the Objector in the above-entitled proceeding have read the foregoing objection and know the contents thereof. The same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe it to be true.

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

Date:           **DATE HERE**                     **SIGN HERE**            
Objector (*Signature*)

GUARDIANSHIP OF (Name):	<b>MINORS NAME</b>	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 action. I am a resident or employed in the county where the mailing occurred.

2. My residence ADDRESS OF PERSON WHO WILL SERVE THE PARTIES

3. I served the foregoing Objection to Petition for Appointment of Guardian 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 the 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 DATE MAILED Placed mailed (*city, state*): CITY AND STATE WHERE MAILED FROM of the laws of the State of Ca true and correct of my own knowledge.

Date: DATE HERE

PRINT NAME OF PERSON WHO SERVED PERSON WHO SERVED PARTIES SIGN  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

Areas highlighted green are completed **AFTER** copies are mailed

	NAME AND ADDRESS <small>Name of person served</small>	ADDRESS WHERE NOTICE WAS MAILED <small>(street, city, state and zip code)</small>
1.	NAME OF PARTY BEING SERVED	ADDRESS OF PARTY BEING SERVED
2.		