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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS				
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read the foregoing objection and know the contents thereof. The same is true of my own knowledge, except as to those			xcept as to those	
matters which are stated on information and belief, and as to those matters, I believe it to be true.	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.	I declare under penalty of periury under the laws of the State of California that the fo	oregoing is true and	d correct	
1 decide and penalty of perjury under the laws of the state of Camornia that the foregoing is true and correct.	1 decides under penalty of perjury under the laws of the State of Camornia that the R	orogonig is true and	u correct.	
Date:	Date:			
Signature of Objector	Signature of Objector			

GUARDIANSHIP OF (Name):	CASE NUMBER:
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PROOF OF SERVICE OF OBJECTION TO PE	ETITION FOR VISITATION (GUARDIANSHIP)
1. I am over the age of 18 and not a party to this action. I a occurred.	um a resident or employed in the county where the mailing
2. My residence or business address is:	
3. I served the foregoing Objection to Petition for Visitatio copy in an envelope addressed as shown below AND	on (Guardianship) on each person named below by enclosing a
☐ depositing the sealed envelope with the United St with the postage fully prepaid.	ates Postal Service on the date and at the place shown in item 4
ordinary business practices. I am readily familiar wi correspondence for mailing. On the same day that co	the date and at the place shown in item 4 following our the the business's practice for collecting and processing prespondence is placed for collection and mailing, it is United State Postal Service in a sealed envelope with postage
4. Date Mailed: Placed mailed (<i>city, state</i>):	
I declare under penalty of perjury, of the laws of the State o knowledge.	of California that the foregoing is true and correct of my own
Date:	
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	(SIGNATURE OF PERSON COMPLETING THIS FORM)
NAME AND ADDRESS OF EACH PER	RSON TO WHOM NOTICE WAS MAILED
Name of person served	Address (number, street, city, state and zip code)
☐ Continued on Attachment	

PROOF OF SERVICE OF OBJECTION TO PETITION FOR VISITATION (GUARDIANSHIP)

Optional SJPR-206 (01/2021)