

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 JOAQUIN 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:
OBJECTION TO PETITION FOR VISITATION (GUARDIANSHIP)	HEARING: DATE:
	DEPT: TIME:

1. I am related to the minor(s) as the: ☐ Mother ☐ Father ☐ Other (describe): _____
2. I do not agree with the Petition for Visitation (Guardianship) for the reasons set forth below:

☐ Continued on attachment 2

3. I request that this Court deny the Petition for Visitation (Guardianship) filed and that:

☐ No visitation be ordered

☐ Petitioner be allowed to visit based on the following schedule:

☐ Continued on attachment 3

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

Date: _____

Signature of Objector

VERIFICATION

I, _____, 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: _____

Signature of Objector

OBJECTION TO PETITION FOR VISITATION (GUARDIANSHIP)

GUARDIANSHIP OF (Name):	CASE NUMBER:
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PROOF OF SERVICE OF OBJECTION TO PETITION FOR VISITATION (GUARDIANSHIP)

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 or business address is:
3. I served the foregoing Objection to Petition for Visitation (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 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: Placed 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

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)