

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>): TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	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	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: _____	CASE NUMBER: _____
OBJECTION TO PETITION TO TERMINATE <input type="checkbox"/> Guardianship <input type="checkbox"/> Conservatorship of the <input type="checkbox"/> Person <input type="checkbox"/> Estate	HEARING: DATE: _____
	DEPT: _____ TIME: _____

I, _____, declare:

I am a: Guardian Conservator Parent Other: _____

I object to the Petition to Terminate Guardianship Conservatorship filed by
 (name) _____ for the following reasons:

Continued on attachment

OBJECTION TO PETITION TO TERMINATE (GUARDIANSHIP OR CONSERVATORSHIP)

GUARDIANSHIP OF (<i>Name</i>):	CASE NUMBER:
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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: _____

Objector (*Signature*)

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

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 to Terminate 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

<u>Name of person served</u>	<u>Address (number, street, city, state and zip code)</u>

Continued on Attachment

PROOF OF SERVICE TO OBJECTION TO PETITION TO TERMINATE (GUARDIANSHIP OR CONSERVATORSHIP)