ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number, and Address)*: TELEPHONE NO: FAX NO.*(Optional)* ATTORNEY FOR *(Name)*:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: ☐ GUARDIANSHIP OF (NAME):	
☐ **OBJECTION TO GUARDIANSHIP** ☐ **OBJECTION TO TERMINATION OF GUARDIANSHIP**	**CASE NUMBER:**

I am related to the child as the ☐ mother ☐ father ☐ stepparent ☐ grandparent ☐ other relative ☐ friend

I object because:

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.

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) SIGNATURE Date

☐ GUARDIANSHIP OF (NAME):	CASE NUMBER:

PROOF OF SERVICE OF OBJECTION

1. I am over the age of 18 and not a party to this cause. 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 Guardianship** or **Objection to Termination of 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 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 the 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.

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	SIGNATURE	Date

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

	Name of person served	Address (Number, Street, City, State, and Zip Code)
1.		
2.		
3.		
4.		
5.		
6.		