

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> _____	<i>Clerk stamps below when form is filed</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ  701 Ocean Street, Room 110 Santa Cruz, CA 95060	
Guardianship or Conservatorship of: _____	
<b>OBJECTION TO PETITION TO TERMINATE:</b> <input type="checkbox"/> <b>Guardianship</b> <input type="checkbox"/> <b>Conservatorship</b>	CASE NUMBER: _____

I, (my name) \_\_\_\_\_, declare:

I am a:      Guardian      Conservator      Parent  
 Other: \_\_\_\_\_

I object to the Petition to Terminate  Guardianship      Conservator filed by

(name) \_\_\_\_\_ for the following reasons:

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Check here if you need more space. Continue to explain on a separate piece of paper and attach it to this page.

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.

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Print your name here

\_\_\_\_\_  
Sign your name here

Case Name: _____	Case Number: _____
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**PROOF OF SERVICE**

1. I am over age 18 and am not a party in this case. I live or work in the county where the mailing occurred.

2. **My (the server's) home or business address is:** \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City, State, Zip

3. I served the Objection to Petition to Terminate Guardianship or Conservatorship on each person named below by putting a copy in a sealed envelope addressed as shown below AND

**depositing** the 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 ordinary course of business with the United State 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.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Server Prints Their Name Here

\_\_\_\_\_  
Server Signs Their Name Here

<b>I mailed this notice to the following people:</b>
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**Names of people served:**

**Addresses of People Served:**

Name: _____
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Mailing address: _____
City, State, zip code: _____

Name: _____
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Mailing address: _____
City, State, zip code: _____

Name: _____
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Mailing address: _____
City, State, zip code: _____

Name: _____
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Mailing address: _____
City, State, zip code: _____

Additional people are listed on an attachment