ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS (Optional): ATTORNEY FOR *(Name):*	*Clerk stamps below when form is filed*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
Guardianship of:	
OBJECTION TO PETITION FOR VISITATION GUARDIANSHIP	CASE NUMBER:

1. I am related to the child as the:
   ☐ Mother ☐ Father ☐ Other (describe): _____

2. I do not agree with the Petition for Visitation (Guardianship) for the reasons set forth below:

_____

_____

_____

_____

_____

_____

3. I request that this Court deny the Motion for Visitation (Guardianship) filed and that:
   ☐ No visitation be ordered
   ☐ Petitioner be allowed to visit based on the following schedule: _____

_____

_____

☐ 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:

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 for Visitation 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**

I mailed this notice to the following people:

Names of people served:	Addresses of People Served:
Name:	Mailing address: _____ City, State, zip code: _____
Name:	Mailing address: _____ City, State, zip code: _____
Name:	Mailing address: _____ City, State, zip code: _____

☐ Additional people are listed on an attachment