

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060 Santa Cruz Branch	
GUARDIANSHIP OF:	
OBJECTION TO PETITION FOR VISITATION GUARDIANSHIP	CASE NUMBER:

1. I am related to the child or person to be conserved 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

Sign your name

GUARDIANSHIP OF:	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: _____

Name: _____

Mailing address: _____

City, State, zip code: _____

Additional people are listed on an attachment