

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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ</b> Santa Cruz Branch 701 Ocean Street, Room 110 Santa Cruz, CA 95060	
GUARDIANSHIP OR CONSERVATORSHIP OF:	
<b>OBJECTION TO PETITION TO REMOVE</b> <input type="checkbox"/> <b>GUARDIAN</b> <input type="checkbox"/> <b>CONSERVATOR</b>	CASE NUMBER:

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

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

I object to the Petition to Remove  Guardian  Conservator filed by:

\_\_\_\_\_ for the reasons set forth below:

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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
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GUARDIANSHIP OR CONSERVATORSHIP OF:	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 Remove 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