

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i> TELEPHONE NUMBER: _____ FAX NUMBER <i>(Optional):</i> _____ EMAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, California 95113 DIVISION: Probate Division	
GUARDIANSHIP OF <i>(child's name)</i> : _____	
OBJECTION TO PETITION TO REMOVE GUARDIAN	CASE NUMBER: _____

I, *(my name)* _____, declare:

I am a: Guardian Parent Other: _____

I object to the Petition to Remove Guardian filed by *(name)* _____

for the following reasons:

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

GUARDIANSHIP OF <i>(child's name(s))</i> :	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 Petition to Remove Trustee 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 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.

Date Signed	Server Prints His/Her Name Here	Server Signs His/Her Name Here
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I Mailed this Notice to the Following People:

Names of People Served:

Name: _____

Name: _____

Name: _____

Name: _____

Addresses of People Served:

Mailing Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Additional people are listed on an attachment