ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO	
STREET ADDRESS: 600 Union Avenue MAILING ADDRESS: P.O. Caller 5000	
CITY AND ZIP CODE: Fairfield, CA 94533	
GUARDIANSHIP OF THE PERSON ESTATE OF:	
(name(s))	
Minors.	
OBJECTION TO APPOINTMENT OF GUARDIAN	CASE NUMBER:
I,, declare	as follows:
1. I am related to or know the minor(s) as follows:	
🗌 Mother 🔲 Father 🗌 Stepparent 🗌 Grandparent 🗌 Aunt/Uncle	
Other relative (specify)	
Friend Other	
2. I live at the following address (do NOT give your mailing address):	
3. My telephone number is (<i>include area code</i>):	
Home:	
Work:	
Cell phone:	
4. I object to the appointment of the proposed guardian for the following r	eason(s):
\Box a. I am a fit and proper parent, and I do not think a guardianship is	needed.
b. I prefer that (<i>name</i>)	, who is related to the
child(ren) as their	, be the guardian(s).
(NOTE: A parent cannot be appointed as a guardian of a child's	person.)
C. Other reasons	

IN RE GUARDIANSHIP OF:	CASE NUMBER:	

5. Explain why you object. If you need more space, attach additional sheets of paper to this form. Include the case name and case number at the top of each page.

Continued on attached sheet. Include the case name and case number at the top of each page.

6.	If you are t	he parent of the	minor(s),	answer the follo	owing questions:
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	a. I will agree to submit to drug and/or alcohol testing if the court orders it.	🗌 Yes 🗌 No
	 b. I will cooperate with and facilitate an investigation and home visit by the Court Investigator's Office. 	🗌 Yes 🗌 No
	c. I agree to pay \$100.00 for the investigation done by the Court Investigator's Office for my objection. I understand that if I believe I cannot pay this fee, I can ask the court to waive or reduce the fee or to allow me to pay the fee over time.	🗌 Yes 🗌 No
	d. If the Court Investigator's Office asks for it, I will provide the Court Investigator's Office with proof of residency and proof that I am employed.	🗌 Yes 🗌 No
7.	If you are NOT the parent of the minor(s), answer the following question:	
	a. I agree to pay \$100.00 for the investigation done by the Court Investigator's Office for my objection. I understand that if I believe I cannot pay this fee, I can ask the court to waive or reduce the fee or to allow me to pay the fee over time.	🗌 Yes 🗌 No

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(Signature of Declarant)

IN RE GUARDIANSHIP OF:	CASE NUMBER:

IMPORTANT: The objecting party CANNOT serve the objection or complete this proof of service. For more information on how to serve documents and how to complete this proof of service, read *What is "Proof of Service"* In a Guardianship (Judicial Council form GC-510).

PROOF OF SERVICE BY MAIL

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 home or business address is:

3. I served the Objection to Petition for Guardianship on each person named below by putting a copy in a separate sealed envelope addressed to each person as shown below AND doing of the following:

Depositing each envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.

Placing each 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.

Name of Each Person Served Complete Address

Additional people are listed on an attachment
4. The envelopes were mailed on (date):
The envelopes were mailed from (city and state):
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Type or Print Name

Signature