

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>)	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED <input type="checkbox"/> 627 W. 21st Street, Merced, CA 95340 <input type="checkbox"/> 1159 "G" Street, Los Banos, CA 93635 PROBATE DEPARTMENT		
GUARDIANSHIP OF _____		
MINOR(S)		
[] OBJECTION TO GUARDIANSHIP [] OBJECTION TO TERMINATION OF GUARDIANSHIP		CASE NO.

1. I am related to the child as the [] Mother [] Father [] Stepparent [] Grandparent
 other: _____.
2. I object because:

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

DATED: _____

Name: _____ Signature: _____

