

STANISLAUS COUNTY SUPERIOR COURT

http://www.stanct.org (209)530-3100

Revised 7/16

GUARDIANSHIP OBJECTION PACKET

This packet contains forms required for Objecting to Guardianship proceedings in Stanislaus County Superior Court.

Judicial Council forms, local forms and information is available in the Clerk's Office, at the Stanislaus County Law Library located at 1101 13th Street, Modesto and on the following Websites:

Stanislaus County Superior Court

- http://www.stanct.org
 Local forms
- http://www.stanct.org
 Judicial Council's Self-Help website
- http://www.courtinfo.ca.gov/selfhelp
 For more information on Libraries, Websites, or Self-Help Legal Books
- http://www.courtinfo.ca.gov/selfhelp/lowcost/libraries.html

Lawyer Referral Service may be able to assist you in finding an attorney. Their telephone number is (209) 571-5727. There are books available on how to do a guardianship at the public library, the Law library and in bookstores. More information is available in the Stanislaus County Local Rules of Court. Also, see Probate Code 2250.

FREQUENTLY ASKED QUESTIONS

Persons handling their own cases (self–represented) are required to prepare and present their pleadings (court documents) in complete and proper form without help from the court staff. **This office is prohibited from giving legal advice in any manner**. Doing so would constitute acting as an attorney or legal counsel. This office is also prohibited from giving referrals to specific attorneys or legal counsel. Questions on legal matters regarding the appropriate form or its proper completion and presentation should be referred to an attorney

GR-009 ATTORNEY, PARTY WITHOUT ATTORNEY, OR AGENCY (NAME, ADDRESS, PHONE) Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11th Street, Modesto, CA 95354 Mailing Address: P.O. Box 1098, Modesto, CA 95353 Guardianship of (name): Case Number: **OBJECTION TO GUARDIANSHIP** I am related to the child as the \square Mother \square Father \square Other (describe): I do not agree that should be guardian of the child/ren because: (name of proposed guardian) 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 forgoing is ture and correct of my own knowledge. Date: ____ (Print your name here) (Sign your name here)

GR-009

GUARDIANSHIP OF (child/ren's name(s):	CASE NUMBER:
PROOF OF SERVICE	
1. I am over the age of 18 and am not a party to this case. I live or work in the county were the mailing occurred.	
2. My (the server's) home or business address is: Street Address	
City, State, Zip 3. I served the Objection to Guardianship 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/h	Her Name Here Server Signs His/Her Name Here
I Mailed this Notice to the Following Parties:	
Names of Parties Served:	Addresses of Parties 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.	