

Cover Sheet:	Objection to Petition for Appointment of Guardian
Effective Date:	January 1, 2023
Last Revision Date:	March 5, 2024
Purpose:	These forms are used to object to the appointment of a guardian over a minor child or a minor child's estate. This form should not be used if you are asking to be appointed guardian instead of the person who has requested appointment.
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday.
Required Forms:	<ul> <li>All forms are Judicial Council forms, unless otherwise indicated:</li> <li>Objection to Petition for Appointment of Guardian, GC-215</li> <li>Proof of Service By Mail, FL-335</li> <li>Probate Case Participant Enrollment Form, local form PR/E-LP-053</li> </ul>
Optional Forms:	This form may be used if you need more space to answer any of the questions on the Objection:  • Attached Declaration, MC-031
Filing Fee:	There is no fee to file this form.
Copies:	Make two copies of the completed forms.
Before You File:	One copy of the completed Objection must be served on the Petitioner by mail. Make one copy of the completed Proof of Service by Mail and file the original and copy with your Objection.
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)
	Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.
	Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.
Next Steps:	In addition to filing an Objection, you must appear at the hearing on the Petition for Guardianship.

ATTORNEY	OR PARTY WITHOUT ATTORNEY	STATE BAR	R NUMBER:	FOR COL	JRT USE ONLY
NAME:					
FIRM NAME	: :				
STREET AD					
CITY:		STATE:	ZIP CODE:		
TELEPHON	E NO.:	FAX NO.:			
EMAIL ADD	RESS:				
ATTORNEY	FOR (name):				
SUPERIO	OR COURT OF CALIFORNIA, COL	INTY OF			
STREET A		J. 11 1 01			
MAILING A					
CITY AND Z	IP CODE:				
BRANC	CH NAME:				
GUARDI	ANSHIP OF THE PERSO	N ESTATE	OF	CASE NUMBER:	
(name(s)					
			MINOR	(S)	
	OD IDATION TO DETITION	FOR ARROWING	INT OF OUABBLAN	HEARING DATE:	
'	OBJECTION TO PETITION	FOR APPOINTME	INT OF GUARDIAN	DEPT.:	TIME:
					_
1. I (nai			object to the	e petition for appointme	ent of a guardian filed by
(nam	e of petitioner):				
2. My ol	bjection concerns the following	child or children (give	e full name and date of birth	for each):	
а. Г	Child (name):	.•		(date of birth	):
b. Г	Child (name):			(date of birth	
<b>.</b> _	<del></del>	idantify tham on a co	parata piaga of paper, atta	•	•
	if there are more children,	identity them on a se	parate piece of paper, attac	in it to this form, and lat	Der it as Attachment 2.
3. My re	elationship to the child or childre	en named in item 2 is	(tell the court about your c	onnection with the child,	, children, or family):
	If				-+ 0
	If you need more space, use a	separate piece of pa	aper, attach it to this form, a	nd label it as Attachmer	Nt 3.
4.	I object to a guardianship of th	e child or children na	imed in item 2 because (if y	ou think the court shoul	d not appoint a
	guardian, tell the court why):				• •
	If you need more space,	use a separate piece	e of paper, attach it to this for	orm, and label it as Atta	chment 4.
_					
5	I object to the person the petiti		court to appoint as guardian	because (if you think th	nat person should not be
	the guardian, tell the court why	<i>():</i>			
	If you need more space,	use a separate piece	e of paper, attach it to this for	orm, and label it as Atta	chment 5.

GC-215 GUARDIANSHIP OF (name): CASE NUMBER: I object to other requests in the petition because (if you object to other requests in the petition, tell the court which specific requests you object to and why you object to each one): If you need more space, use a separate piece of paper, attach it to this form, and label it as Attachment 6. Date: (TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY) I declare under penalty of perjury under the laws of the State of California that the foregoing, including all attachments, is true and correct. Date: (TYPE OR PRINT NAME) (SIGNATURE OF OBJECTOR) (TYPE OR PRINT NAME) (SIGNATURE OF OBJECTOR) Names and signatures of additional objectors follow last attachment.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	(If applicable, provide):
	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
	DEPT.:
NOTICE: To serve temporary restraining orders you must use personal service (see	form FL-330).
1. I am at least 18 years of age, not a party to this action, and I am a resident of or emplo	yed in the county where the mailing took
place.	,
2. My residence or business address is:	
2. Thy residence of Submission address is.	
3. I served a copy of the following documents (specify):	
by enclosing them in an envelope AND	
a. <b>depositing</b> the sealed envelope with the United States Postal Service with the	e nostage fully prepaid
b. placing the envelope for collection and mailing on the date and at the place s	
business practices. I am readily familiar with this business's practice for collection	•
mailing. On the same day that correspondence is placed for collection and ma	ailing, it is deposited in the ordinary course of
business with the United States Postal Service in a sealed envelope with pos	tage fully prepaid.
4. The envelope was addressed and mailed as follows:	
a. Name of person served:	
b. Address:	
a. Data mailadi	
c. Date mailed:	
d. Place of mailing (city and state):	
5.	
address verification declaration. (Declaration Regarding Address Verification—Po	
Custody, Visitation, or Child Support Order (form FL-334) may be used for this pu	•
6. I declare under penalty of perjury under the laws of the State of California that the foregone	joing is true and correct.
Date:	
<u> P</u>	
(TYPE OR PRINT NAME) (SIGN	IATURE OF PERSON COMPLETING THIS FORM)

	CONFIDENTIAL	
CASE PARTICIPANT NAME: STREET ADDRESS:	BAR #:	FOR COURT USE ONLY
CITY/STATE/ZIP CODE:		
TELEPHONE NO.:		
E-MAIL ADDRESS (must be legible	e)	
SUPERIOR COURT OF CAI STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	LIFORNIA, COUNTY OF SACRAMENTO 3341 Power Inn Road Sacramento, CA 95826 William R. Ridgeway Family Relations Courthouse	
GUARDIANSHIP	CONSERVATORSHIP	
(Name):		
PROBATE (	CASE PARTICIPANT ENROLLMENT FORM	CASE NUMBER:
	ments using the court's eCourt Public Portal system. To obtile court. A separate form must be provided for each case fo	
	INSTRUCTIONS	
To setup your accoun	t vou must:	
	ort Public Portal and create an account using the email addre	ess you are submitting to the court

- File this form with the court. Participants requesting access to their case must submit a valid copy of their driver license or a state or federal issued photo identification card.
- A separate form must be filed for each of your Probate cases.
- Once the court has added your email address to the case, you will receive a confirming email. You must follow the instructions in that email to complete the process.

\_\_, request that the court add my email address to a Probate case.

Once your subscription is completed, you will receive an email notification each time a document is added to your case.

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's)
I understand if I change my e-mail address I must file a new enrollment form with the court.
I acknowledge that confidential investigation and/or mediation reports contain private information that is not part of the public court file. I understand, I must <u>not</u> disclose any contents of the Report to anyone other than the parties to the case, the attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Reports.

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

I declare that my private email address is (must be legible):

Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

	1	MC
PLAINTIFF/PETITIONER:	CASE NUMBER:	
FENDANT/RESPONDENT:		
DECLAR	ATION	
(This form must be attached to another form or	r court paper before it can be filed in court.)	
clare under penalty of perjury under the laws of the State of Cali		

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Respondent Other (Specify):

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant