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 MADERA
STREET ADDRESS: 200 South G Street
MAILING ADDRESS: 200 South G Street
CITY AND ZIP CODE: Madera, CA 93637
BRANCH NAME: Civil Division

☐ Guardianship of:
☐ Conservatorship of:
☐ Trust of:
☐ Estate of:
☐ Other:

OBJECTION	CASE NUMBER:

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

I am a *(check one):* ☐ Parent ☐ Conservator ☐ Trustee ☐ Heir ☐ Beneficiary ☐ Other: _____

I object to _____filed by (name): _____

for the following reasons:

_____
_____
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_____

☐ 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 under the laws of the State of California that the foregoing is true and correct.

Dated:

                    _____   _____
                         Print your name here   Sign your name here