

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney's Bar Number (if applicable): \_\_\_\_\_  
Representing  Self or  Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of Guardianship of \_\_\_\_\_

Case Number: JG \_\_\_\_\_

\_\_\_\_\_ a Minor

**OBJECTION TO PETITION FOR  
PERMANENT APPOINTMENT OF  
GUARDIAN OF A MINOR, or**  
 **OTHER:** \_\_\_\_\_

**The following statements are made under oath or affirmation. I want to tell the Court the following in response to what is written in the Petition:**

**1. NAME OF DOCUMENT.** The Petition I object to is called: \_\_\_\_\_

**2. HEARING DATE.** The date and time of hearing, and the name of the Judge assigned to this matter is:

Date of Hearing: \_\_\_\_\_

Time of Hearing: \_\_\_\_\_

Name of Judge or Commissioner: \_\_\_\_\_

**3. RELATIONSHIP.** My relationship to the person who has/will have the Guardian is:

\_\_\_\_\_

\_\_\_\_\_

**4. REASONS WHY I OBJECT:** What I want the court to do, and what I want to say about the statements made in the Petition: (use additional sheets of paper, if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. MAILING.** I mailed a copy of this Objection (after it was filled out by me) to the following individuals at the following addresses: the Petitioner or his/her attorney, the person who has or will have a Guardian and everyone to whom Petitioner gave a copy of the Notice of Hearing.

Case No. \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_  
Deputy Clerk or Notary Public