

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 (check one or both)  
 Guardianship  Conservatorship of

\_\_\_\_\_  an Adult  a Minor

Case Number: PB \_\_\_\_\_

### OBJECTION TO PETITION

(check one box)

- Guardian and Conservator  
 Guardian  
 Conservator

**The following statements are made under oath. 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: \_\_\_\_\_

3. **RELATIONSHIP.** My relationship to the person who has/will have the Guardian and/or Conservator 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 promise that 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/or Conservator, and everyone to whom Petitioner gave a copy of the Notice of Hearing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**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