

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN 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 the Petition hearing, and the name of the Judge assigned to this matter is  
Date of Hearing on Petition: \_\_\_\_\_  
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 to say about the statements made in the Petition and what I want the court to do: (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: \_\_\_\_\_

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

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

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

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

**UNDER OATH OR BY AFFIRMATION**

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

My Commission Expires: (or Seal below) \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or  Notary Public