Your Your Your Attor	e of Person Filing Document:  Address: City, State, Zip Code: Telephone Number: ney's Bar Number (if applicable): esenting  Self or  Attorney for					
		R COURT OF ARIZONA AVAPAI COUNTY				
In the Matter of (check one or both)  ☐Guardianship ☐ Conservatorship of  ☐an Adult ☐a Minor		Case Number:  OBJECTION TO PETITION (check one box)  Guardian and Conservator Guardian				
_ The	_	Conservator  under oath. I want to tell the Court the following in				
1.	NAME OF DOCUMENT. The Per	tition I object to is called:				
2.	<b>HEARING DATE.</b> 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.		o the person who has/will have the Guardian and/or Conservator is:				
4.	REASONS WHY I OBJECT: What statements made in the Petition: (use a	hat I want the court to do, and what I want to say about the additional sheets of paper, if needed):				
	-					

ivallie.				
Address:				
City, State, Zip				
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ATH OR AFFIRMATION AND VER	FICATION			
wear or affirm that the information o	this document is	true and corr	act under penalty of periury	
wear of annin that the information of	i tilis document is	s true and com	ect under penalty of perjury.	
nature			Date	
orn to or Affirmed before me this:		bv		

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