ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NUMBER (Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO	
STREET ADDRESS: 3341 Power Inn Road, Room 214 MAILING ADDRESS: 3341 Power Inn Road, Room 214	
CITY AND ZIP CODE: Sacramento, California 95826	
BRANCH NAME: William R. Ridgeway, Family Relations Courthouse	
LIMITED CONSERVATORSHIP OF (Name):	
	CASE NUMBER:
OBJECTION TO LIMITED CONSERVATORSHIP	OAGE NOWIBER.
OBJECTION TO LIMITED CONSERVATORSHIP	
My relationship to the proposed conservatee is \square Mother \square Father \square C	Other (describe):
I do not agree that	should be conservator because:
(NAME OF PROPOSED CONSERVATOR)	
Continued on attachment.	
I declare under penalty of perjury under the laws of the State of California tha	t the forgoing is true and correct.
Data	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)