



PROCESSO DE ESCOLHA DE CONSELHEIROS TUTELARES EM DATA UNIFICADA  
PROVA OBJETIVA

**CARTÃO RESPOSTA – Questões 01 a 40**

Transfira com atenção sua indicação de resposta para cada questão desta avaliação

Utilize caneta esferográfica azul ou preta.

Em nenhuma hipótese será fornecido outro CARTÃO RESPOSTA

QUESTÃO	Resposta A	Resposta B	Resposta C	Resposta D	QUESTÃO	Resposta A	Resposta B	Resposta C	Resposta D
01	( )	( <input checked="" type="radio"/> )	( )	( )	21	( <input checked="" type="radio"/> )	( )	( )	( )
02	( <input checked="" type="radio"/> )	( )	( )	( )	22	( )	( <input checked="" type="radio"/> )	( )	( )
03	( <input checked="" type="radio"/> )	( )	( )	( )	23	( )	( )	( <input checked="" type="radio"/> )	( )
04	( <input checked="" type="radio"/> )	( )	( )	( )	24	( <input checked="" type="radio"/> )	( )	( )	( )
05	( )	( )	( <input checked="" type="radio"/> )	( )	25	( )	( )	( )	( <input checked="" type="radio"/> )
06	( )	( )	( )	( <input checked="" type="radio"/> )	26	( <input checked="" type="radio"/> )	( )	( )	( )
07	( )	( )	( )	( <input checked="" type="radio"/> )	27	( )	( <input checked="" type="radio"/> )	( )	( )
08	( )	( )	( )	( <input checked="" type="radio"/> )	28	( )	( )	( <input checked="" type="radio"/> )	( )
09	( <input checked="" type="radio"/> )	( )	( )	( )	29	( )	( <input checked="" type="radio"/> )	( )	( )
10	( )	( )	( )	( <input checked="" type="radio"/> )	30	( )	( )	( <input checked="" type="radio"/> )	( )
11	( <input checked="" type="radio"/> )	( )	( )	( )	31	( )	( <input checked="" type="radio"/> )	( )	( )
12	( )	( <input checked="" type="radio"/> )	( )	( )	32	( )	( <input checked="" type="radio"/> )	( )	( )
13	( )	( <input checked="" type="radio"/> )	( )	( )	33	( <input checked="" type="radio"/> )	( )	( )	( )
14	( )	( )	( )	( <input checked="" type="radio"/> )	34	( )	( )	( )	( <input checked="" type="radio"/> )
15	( )	( )	( <input checked="" type="radio"/> )	( )	35	( )	( )	( <input checked="" type="radio"/> )	( )
16	( )	( )	( <input checked="" type="radio"/> )	( )	36	( )	( <input checked="" type="radio"/> )	( )	( )
17	( )	( )	( <input checked="" type="radio"/> )	( )	37	( )	( )	( )	( <input checked="" type="radio"/> )
18	( )	( )	( )	( <input checked="" type="radio"/> )	38	( )	( )	( )	( <input checked="" type="radio"/> )
19	( <input checked="" type="radio"/> )	( )	( )	( )	39	( )	( <input checked="" type="radio"/> )	( )	( )
20	( )	( )	( )	( <input checked="" type="radio"/> )	40	( <input checked="" type="radio"/> )	( )	( )	( )

Nome do Fiscal 01:	Visto:	Nome do Fiscal 02:	Visto:
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