|  |  |
| --- | --- |
| ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*):TELEPHONE NO.: Fax No. (Optional):E-MAIL ADDRESS (Optional):ATTORNEY FOR (Name):  | *FOR COURT USE ONLY* |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: |
| GUARDIANSHIP OF: MINOR(S) |
| **PETITION FOR VISITATION - GUARDIANSHIP** | **CASE NUMBER**: |

1. **Petitioner** *(name)*: **requests**

the following specific visitation schedule for the minor:

1. Petitioner is the minor’s □ Parent □ Grandparent □ Other:
2. □ Name(s): was appointed guardian of the PERSON on (date):
3. Petitioner should be granted visitation for reasons □ specified below □ specified in Attachment 4
4. □ Notice to the persons identified in Attachment 5 should be dispensed with because

□ They cannot with reasonable diligence be given notice (*specify names and efforts to locate them in Attachment 5*).

□ Other good cause exists to dispense with notice (*specify names and reasons in Attachment 5*).

|  |  |
| --- | --- |
| GUARDIANSHIP OF THE PERSON OF (*Name*): MINOR | **CASE NUMBER**: |

1. The names and residence addresses of the guardian, minor and minor’s parents, brothers, sisters and grandparents are as follows:

 a. Guardian: f. Maternal Grandfather:

 b. Minor: g. Maternal Grandmother:

 c. Father: h. Paternal Grandfather:

 d. Mother: i. Paternal Grandmother:

 e. Brother(s) or Sister(s): j. □ Additional names and addresses continued in

 (12 years or older) Attachment 6.

7. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT AN ATTORNEY)

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

**Consent to Visitation and Waiver of Notice**

I consent to the attached visitation schedule and waive notice of the petition:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (DATE) (TYPE OR PRINT NAME) (SIGNATURE OF GUARDIAN)

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (DATE) (TYPE OR PRINT NAME) (SIGNATURE OF GUARDIAN)