

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address):</i> TELEPHONE NUMBER: _____ FAX NUMBER: _____ ATTORNEY FOR: <i>(name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, CA 95113 BRANCH NAME: Downtown Courthouse – Probate Division	
GUARDIANSHIP OF: <p style="text-align: center;">MINOR</p>	
PETITION FOR VISITATION	CASE NUMBER: _____

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

the following specific visitation schedule for the minor *(name):*

2. Petitioner is the minor's Parent Grandparent Other:

3. *Name(s):* _____ was appointed guardian of the PERSON on *(date):*

4. Petitioner should be granted visitation for the reasons specified below specified in Attachment 4.

5. 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 <input type="checkbox"/> PERSON OF (<i>Name</i>): <div style="text-align: right;">MINOR</div>	CASE NUMBER:
---	--------------

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

- | | |
|---|--|
| a. Guardian:

b. Minor:

c. Father:

d. Mother:

e. Brother(s) or Sister(s):
(12 years old or older) | f. Maternal Grandfather:

g. Maternal Grandmother:

h. Paternal Grandfather:

i. Paternal Grandmother:

j. <input type="checkbox"/> Additional names and addresses
continued in Attachment 6. |
|---|--|

7. Number of pages attached: _____

Date: _____
 (SIGNATURE OF 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)

I consent to attend orientation and mediation and waive notice of the petition:

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