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| 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).*

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| GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (Name): <div style="text-align: right; margin-top: 10px;">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:

- | | |
|---|--|
| <p>a. Guardian:</p> <p>b. Minor:</p> <p>c. Father:</p> <p>d. Mother:</p> <p>e. Brother(s) or Sister(s): (12 years old or older)</p> | <p>f. Maternal Grandfather:</p> <p>g. Maternal Grandmother:</p> <p>h. Paternal Grandfather:</p> <p>i. Paternal Grandmother:</p> <p>j. <input type="checkbox"/> Additional names and addresses continued in Attachment 6.</p> |
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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) |