ATTACHMENT I

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State bar number, and address)	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA	
PROBATE DIVISION 191 NORTH FIRST STREET	
SAN JOSE, CA 95113	
GUARDIANSHIP OF:	
MINOR	
PETITION FOR VISITATION	CASE NUMBER
1. Petitioner (name): rec	uests
the following specific visitation schedule for the minor (name):	
2 Detitioner is the minor's a percent accords accords	
2. Petitioner is the minor's parent grandparent other:	
3. Name(s): was appointed guardian of t	ne PERSON on (date):
4. Petitioner should be granted visitation for the reasons	specified in Attachment 4.
5. \Box 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 r	in Attachment E)

ATTACHMENT I

GUARDIANSHIP OF THE D PERSON OF (Name):	CASE NUMBER:	
	MINOR	
 The names and residence addresses of the guar grandparents are as follows: 	dian, minor, and minor's parents, brothers, sisters and	
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. (12 years old or older)	j. 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)	

PETITION FOR VISIT	ATION
(PROBATE)	