

<p>ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State bar number, and address)</p> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA          PROBATE DIVISION          191 NORTH FIRST STREET          SAN JOSE, CA 95113</p>	
<p>GUARDIANSHIP OF: _____</p> <p style="text-align: center;">MINOR</p>	
<p><b>PETITION FOR VISITATION</b></p>	<p><b>CASE NUMBER</b></p>

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 (Name):  <div style="text-align: right; margin-top: 10px;"><b>MINOR</b></div>	CASE NUMBER:
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6. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters and grandparents are as follows:

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|---|--|
| a. Guardian:<br><br>b. Minor:<br><br>c. Father:<br><br>d. Mother:<br><br>e. Brother(s) or Sister(s):<br>(12 years old or older) | f. Maternal grandfather:<br><br>g. Maternal grandmother:<br><br>h. Paternal grandfather:<br><br>i. Paternal grandmother:<br><br>j. <input type="checkbox"/> Additional names and addresses<br>continued in Attachment 6. |
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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)
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(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF GUARDIAN)
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I consent to attend orientation and mediation and waive notice of the petition:

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