



GRANDPARENT VISITATION (NO FAMILY LAW CASE)

- **Self Help Info & Free Forms:** www.courts.ca.gov/selfhelp OR www.sb-court.org (Court Website)
➤ **Email Assistance:** flworkshop@sb-court.org

Resource Center Services & Hours:

First Come, First Served . . . Arrive early!

MONDAYS 8:30am to 12:00pm & 1:00pm to 3:00pm (brief services only)
Brief Services Only – No Document Review – “5 Minute Family Law Clinic”

TUESDAYS to THURSDAYS 8:30am to 12:00pm & 1:00pm to 3:00pm
Document review & all regular services

Demand for self help services may exceed staff availability on any given day.
First Come, First Served... Arrive early!

Locations:

- San Bernardino Historic Courthouse, 351 N. Arrowhead, Room 326
- Rancho Cucamonga Courthouse, 8303 Haven Avenue, Basement
- Victorville Courthouse, 14455 Civic Drive, Near V-10

For Government Child Support Cases: Child Support Courthouse, 655 W. 2nd Street, 2nd Floor, San Bernardino Hours: Monday to Thursday 8:30am – 12:00pm & 1:30pm to 4:00pm. Fridays – 8:00am to 12:00pm

Joshua Tree Services: 2nd & 4th Fridays of the month. 9:00am to 12:00pm & 1:00 pm to 3:00pm

INSTRUCTIONS FOR PETITION FOR GRANDPARENT VISITATION

(New Case)

NOTE: You may not file this petition if the child's natural or adoptive parents are married and living together with the child, unless one of the parents joins in the petition.

1. **Fill out the Forms:**
 - Use the sample to fill out your forms in BLACK INK.
2. **Copy:**
 - Make 2 more copies of your packet.
3. **File:**
 - Take the original and your copies to the Clerk's Office/Family Law Window to file. ***At that time, the clerk will assign a date and time for your hearing.***
 - You will have to pay a filing fee unless you have a fee waiver application.
4. **Serve:**
 - Someone else over the age of 18 must serve each of the child(ren)'s parents, any stepparent, and any person who has physical custody of the child by personal service. Your server must fill out the Proof of Service.
 - **File the completed Proof of Service with the signed return receipts attached.**

DEADLINE FOR SERVICE: 16 "court days" before the hearing. You only count the days when the court is open. Never count Saturday or Sunday.

Attorney or Party Without An Attorney (Name, State Bar No. & Address)	For Court Use Only
Telephone No. Attorney for:	
Superior Court of California, County of San Bernardino <input type="checkbox"/> Barstow District; 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> Big Bear District; 477 Summit Boulevard, Big Bear Lake, CA 92315 <input type="checkbox"/> Joshua Tree District; 6527 White Feather Road, Joshua Tree, CA 92252 <input type="checkbox"/> Needles District, 1111 Bailey Avenue, Needles, CA 92363 <input type="checkbox"/> Rancho Cucamonga District; 8303 N. Haven Ave., Rancho Cucamonga, CA 91730 <input type="checkbox"/> San Bernardino District; 351 N. Arrowhead Ave., San Bernardino, CA 92415 <input type="checkbox"/> Victorville District; 14455 Civic Drive, Suite 100, Victorville, CA 92392	
Petitioner:	
Respondent:	
PETITION FOR GRANDPARENT VISITATION	CASE NUMBER

1. Petitioner is the grandparent of the minor child(ren) listed below.
2. My son _____ is the parent of the child(ren) I wish to visit.
 My daughter _____ is the parent of the child(ren) I wish to visit.

Name of Child	Birthdate	Identify Person Living With & County of Residence	Other Parent's Name

3. The parents of the child(ren): *(mark all boxes/complete spaces for all which apply)*
 - are divorced. A Judgment for Dissolution of Marriage or Domestic Partnership was entered on the following date _____, in _____ County, _____ (State).
 Case No. _____. The child(ren) have resided in San Bernardino County for the last 6 months or more.
 - are currently involved in a divorce proceeding in San Bernardino County, Case No. _____.
 - have never been married nor in a registered domestic partnership.
 - my daughter son who is the parent is deceased and the child(ren) have not been adopted (or if adopted, adoption was by stepparent or grandparent of the child(ren)).
 - are currently married or have a registered domestic partnership and one of the parents has been absent for more than one month without the other parent knowing the whereabouts of the absent parent.
 - are currently married or have a registered domestic partnership and the parents are currently living separately and apart on a permanent or indefinite basis.

Petitioner:	Case Number
Respondent:	

- are currently married or have a registered domestic partnership and one of the parents joins in this petition with the grandparent, as shown by the signature of the parent below.
- are currently married or have a registered domestic partnership and the child(ren) is not residing with either parent.
- are currently married or have a registered domestic partnership and the child(ren) has been adopted by a stepparent.

4. Describe the relationship and the bonding between each child and the petitioner(s). Explain the reason why grandparent visitation is in the best interest of each child: See attachment

5. Describe the duration and frequency of visitation that is being requested: See attachment

6. A completed Declaration under the Uniform Child Custody Jurisdiction and Enforcement Act (Form FL-105) is attached, as there is no existing Family Law Case and this Petition shall start a new matter.

7. Petitioner(s) requests that the court grant reasonable visitation with the above-named child(ren), and such other relief as the court may deem appropriate, pursuant to Family Code Section 3100 through 3104. A Request for Order is concurrently filed with this Petition in order to request a hearing date.

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 Here)

(Sign Name Here)

(Type or Print Name Here)

(Sign Name Here)

PARENT'S CONSENT to Petition for Grandparent Visitation

Mother Father hereby consents to and joins in this Petition for Grandparent Visitation.

Date:

(Type or Print Name Here)

(Sign Name Here)

NOTICE: The Court shall balance the interests of the child in having grandparent visits against the rights of the parents.

In the following circumstances, a rebuttable presumption against best interests/visitation is created:

1. If the parents agree that visitation is not in the best interests of the child.
2. If the parent awarded sole legal and physical custody (or the parent with whom the child resides if no custody order) objects.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

Case No. _____

vs.

CERTIFICATE OF ASSIGNMENT

A civil action or proceeding presented for filing must be accompanied by this certificate. If the ground is the residence of a party, name and residence shall be stated.

The undersigned declares that the above-entitled matter is filed for proceedings in the _____ District of the Superior Court under Rule 404 of this court for the checked reason:

General Collection

Nature of Action	Ground
<input type="checkbox"/> 1 Adoption	Petitioner resides within the district.
<input type="checkbox"/> 2 Conservator	Petitioner or conservatee resides within the district.
<input type="checkbox"/> 3 Contract	Performance in the district is expressly provided for.
<input type="checkbox"/> 4 Equity	The cause of action arose within the district.
<input type="checkbox"/> 5 Eminent Domain	The property is located within the district.
<input type="checkbox"/> 6 Family Law	Plaintiff, defendant, petitioner or respondent resides within the district.
<input type="checkbox"/> 7 Guardianship	Petitioner or ward resides within the district or has property within the district.
<input type="checkbox"/> 8 Harassment	Plaintiff, defendant, petitioner or respondent resides within the district.
<input type="checkbox"/> 9 Mandate	The defendant functions wholly within the district.
<input type="checkbox"/> 10 Name Change	The petitioner resides within the district.
<input type="checkbox"/> 11 Personal Injury	The injury occurred within the district.
<input type="checkbox"/> 12 Personal Property	The property is located within the district.
<input type="checkbox"/> 13 Probate	Decedent resided or resides within the district or had property within the district.
<input type="checkbox"/> 14 Prohibition	The defendant functions wholly within the district.
<input type="checkbox"/> 15 Review	The defendant functions wholly within the district.
<input type="checkbox"/> 16 Title to Real Property	The property is located within the district.
<input type="checkbox"/> 17 Transferred Action	The lower court is located within the district.
<input type="checkbox"/> 18 Unlawful Detainer	The property is located within the district.
<input type="checkbox"/> 19 Domestic Violence	The petitioner, defendant, plaintiff or respondent resides within the district.
<input type="checkbox"/> 20 Other _____	_____
<input type="checkbox"/>	

The address of the accident, performance, party, detention, place of business, or other factor which qualifies this case for filing in the above-designated district is:

(NAME - INDICATE TITLE OR OTHER QUALIFYING FACTOR) ADDRESS

(CITY) (STATE) (ZIP CODE)

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was executed on _____ at _____, California

Signature of Attorney/Party

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:													
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">REQUEST FOR ORDER</td> <td style="width:33%;"><input type="checkbox"/> MODIFICATION</td> <td style="width:33%;"><input type="checkbox"/> Temporary Emergency Court Order</td> </tr> <tr> <td><input type="checkbox"/> Child Custody</td> <td><input type="checkbox"/> Visitation</td> <td><input type="checkbox"/> Other (specify):</td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td><input type="checkbox"/> Spousal Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Attorney Fees and Costs</td> <td></td> <td></td> </tr> </table>	REQUEST FOR ORDER	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Temporary Emergency Court Order	<input type="checkbox"/> Child Custody	<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support		<input type="checkbox"/> Attorney Fees and Costs			CASE NUMBER:
REQUEST FOR ORDER	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Temporary Emergency Court Order											
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<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support												
<input type="checkbox"/> Attorney Fees and Costs													

1. TO (name): _____
2. A hearing on this *Request for Order* will be held as follows: **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
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- b. Address of court same as noted above other (specify): _____
3. Attachments to be served with this *Request for Order*:
- | | |
|---|---|
| a. A blank Responsive Declaration (form FL-320)
b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150) and a blank Income and Expense Declaration | c. <input type="checkbox"/> Completed <i>Financial Statement (Simplified)</i> (form FL-155) and a blank Financial Statement (Simplified)
d. <input type="checkbox"/> Points and authorities
e. <input type="checkbox"/> Other (specify): _____ |
|---|---|

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE)

COURT ORDER

4. YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED.
5. Time for service hearing is shortened. Service must be on or before (date): _____
6. Any responsive declaration must be served on or before (date): _____
7. The parties are ordered to attend mandatory custody services as follows:
8. You are ordered to comply with the *Temporary Emergency Court Orders* (form FL-305) attached.
9. Other (specify): _____

Date: _____

JUDICIAL OFFICER

To the person who received this *Request for Order*: If you wish to respond to this *Request for Order*, you must file a *Responsive Declaration to Request for Order* (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the *Responsive Declaration to Request for Order* (form FL-320) or any other declaration including an *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. **SPOUSAL OR PARTNER SUPPORT** (*An earnings assignment order may be issued.*)
- | | |
|--|--|
| a. <input type="checkbox"/> Amount requested (<i>monthly</i>): \$
b. <input type="checkbox"/> Terminate existing order
(1) filed on (<i>date</i>):
(2) ordering (<i>specify</i>):
d. <input type="checkbox"/> The <i>Spousal or Partner Support Declaration Attachment</i> (form FL-157) is attached (<i>for modification of spousal or partner support after judgment only</i>)
e. An <i>Income and Expense Declaration</i> (form FL-150) must be attached | c. <input type="checkbox"/> Modify existing order
(1) filed on (<i>date</i>):
(2) ordering (<i>specify</i>): |
|--|--|
5. **ATTORNEY FEES AND COSTS** are requested on *Request for Attorney Fees and Costs Order Attachment* (form FL-319) or a declaration that addresses the factors covered in that form. An *Income and Expense Declaration* (form FL-150) must be attached. A *Supporting Declaration for Attorney Fees and Costs Order Attachment* (form FL-158) or a declaration that addresses the factors covered in that form must also be attached.
6. **PROPERTY RESTRAINT** **To be ordered pending the hearing**
- | |
|--|
| a. The <input type="checkbox"/> petitioner <input type="checkbox"/> respondent <input type="checkbox"/> claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.

<input type="checkbox"/> The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court. |
| b. <input type="checkbox"/> Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children. |
| c. <input type="checkbox"/> Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life. |
7. **PROPERTY CONTROL** **To be ordered pending the hearing**
- | | | |
|--|--------------------------|---------------|
| a. <input type="checkbox"/> The petitioner <input type="checkbox"/> respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (<i>specify</i>): | | |
| b. <input type="checkbox"/> The petitioner <input type="checkbox"/> respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect: | | |
| <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
8. **OTHER RELIEF** (*specify*):

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100), *Temporary Restraining Order (Domestic Violence)* (form DV-110), and *Notice of Court Hearing (Domestic Violence)* (form DV-109).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. I request that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): _____ days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.
10. FACTS IN SUPPORT of orders requested and change of circumstances for any modification are (*specify*):
 Contained in the attached declaration. (*You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.*)

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 APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO **Petition, Response, Application for Order or Responsive Declaration** **Other (specify):**
 To be ordered now and effective until the hearing

1. **Custody.** Custody of the minor children of the parties is requested as follows:

Child's Name	Date of Birth	Legal Custody to <i>(person who makes decisions about health, education, etc.)</i>	Physical Custody to <i>(person with whom the child lives)</i>
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2. **Visitation.**

a. Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)

b. See the attached _____-page document dated *(specify date)*:

c. The parties will go to mediation at *(specify location)*:

d. No visitation

e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date):**

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(a) The parents will alternate the fifth weekends, with the petitioner respondent having the initial fifth weekend, which starts *(date)*:

(b) The petitioner will have fifth weekends in odd even months.

(2) **Alternate weekends starting (date):**

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date):**

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions):**

See Attachment 2e(4).

PETITIONER: RESPONDENT:	CASE NUMBER:
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3. **Supervised visitation.**
 I request that (name): _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (name): _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (specify): _____

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

4. **Transportation for visitation and place of exchange.**

- a. Transportation **to** the visits will be provided by (name): _____
- b. Transportation **from** the visits will be provided by (name): _____
- c. Drop-off of the children will be at (address): _____
- d. Pick-up of the children will be at (address): _____
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other (specify): _____

5. **Travel with children.** The petitioner respondent other (name): _____ **must** have written permission from the other parent or a court order to take the children out of

- a. the state of California.
- b. the following counties (specify): _____
- c. other places (specify): _____

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7. **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached form FL-341(C) other (specify): _____

8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) other (specify): _____

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) other (specify): _____

10. **Other.** I request the following additional orders (specify): _____

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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 DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
- Respondent Other (*Specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ <i>(This section applies only to family law cases.)</i> RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF <i>(Name):</i> _____ <i>(This section applies only to guardianship cases.)</i>	
Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). *(Provide all requested information for additional children.)*

SHORT TITLE: _____	CASE NUMBER: _____
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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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 DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CONFIDENTIAL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO

REFERRAL FOR CII/DVROS/ICMS REPORT

Case Number	Date Referred	Department Referring	Date Report Due	Report to Department
Petitioner Name:		Respondent Name:		
Petitioner: (Please mark one) Male _____ Female _____		Respondent: (please mark one) Male _____ Female _____		
Petitioner AKAs, if any:		Respondent AKAs, if any:		
Petitioner Date of Birth:		Respondent Date of Birth:		
Petitioner SSN:		Respondent SSN:		

COURT ORDER:

- This matter is referred to Family Law Processing for a DVROS (CLETS) history report and a Criminal History Inquiry (CII) pursuant to Family Code 6306 and/or California Rule of Court 5.450.

- This matter is referred to Family Law Processing for a search of the Superior Court of California, County of San Bernardino Integrated Case Management System for a history report regarding existing custody and visitation orders pursuant to CRC 5.450.

Notes: _____

ف Special Order: _____

Form A

This form is required with any filing where Child Custody and Visitation Orders are at issue and in all Domestic Violence Restraining Order Request.

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> <hr style="width:20px; margin-left:0;"/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____

5. I am

a. <input type="checkbox"/> not a registered California process server. b. <input type="checkbox"/> a registered California process server. c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). e. <input type="checkbox"/> a California sheriff or marshal.
--	---
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)