

GUARDIANSHIP-VISITATION

SAMPLE

**Use the samples to help you complete
the packet of blank forms.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP CODE

TELEPHONE NO.: **YOUR PHONE#** FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **IN PRO PER****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 JOSE, CA 95113**BRANCH NAME: **PROBATE DIVISION**

GUARDIANSHIP CONSERVATORSHIP OF THE PERSON ESTATE
 OF (Name): **CHILD(REN)'S NAME(S)**

 MINOR (PROPOSED) CONSERVATEE**NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP**

CASE NUMBER:

YOUR CASE NUMBER**This notice is required by law.****This notice does not require you to appear in court, but you may attend the hearing if you wish.**

1. NOTICE is given that (name) : **YOUR NAME**
 (representative capacity, if any) :
 has filed (specify) :

PETITION FOR VISITATION

2. You may refer to documents on file in this proceeding for more information. (Some documents filed with the court are confidential. Under some circumstances you or your attorney may be able to see or receive copies of confidential documents if you file papers in the proceeding or apply to the court.)
3. The petition includes an application for the independent exercise of powers by a guardian or conservator under
 Probate Code section 2108 Probate Code section 2590.
 Powers requested are specified below specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date: _____ Time: _____ Dept.: _____ Room: _____

b. Address of court same as noted above is (specify) :

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code section 54.8.)



NOTE:*

A copy of this *Notice of Hearing-Guardianship or Conservatorship* ("Notice") must be "served" on-delivered to each person who has a right under the law to be notified of the date, time, place and purpose of a court hearing in a guardianship or conservatorship. Copies of this Notice may be served by mail in most situations. In a guardianship, however, copies of this Notice must sometimes be personally served on certain persons; and copies of this Notice may be personally served instead of served by mail in both guardianships and conservatorships. The petitioner (the person who requested the court hearing) **may not personally perform either service by mail or personal service**, but must show the court that copies of this Notice have been served in a way the law allows. The petitioner does this by arranging for someone else to perform the service and complete and sign a proof of service, which the petitioner then files with the original Notice.

This page contains a proof of service that may be used only to show service by mail. To show personal service, each person who performs the service must complete and sign a proof of personal service, and each signed copy of that proof of service must be attached to this Notice when it is filed with the court. You may use form GC-020(P) to show personal service of this Notice.

**(This Note replaces the clerk's certificate of posting on prior versions of this form. If notice by posting is desired, attach a copy of form GC-020(C), Clerk's Certificate of Posting Notice of Hearing-Guardianship or Conservatorship. (See Prob. Code, § 2543(c).)*

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (*specify*):
***SERVER* WRITES THEIR ADDRESS HERE**
3. I served the foregoing *Notice of Hearing-Guardianship or Conservatorship* on each person named below by enclosing a copy in an envelope addressed as shown below AND
 - a. **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4 with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: **DATE *SERVER* MAILED** b. Place mailed (*city, state*): **CITY, STATE OF MAILING**
5. I served with the *Notice of Hearing-Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: ***SERVER* DATES**

***SERVER* PRINTS NAME**
 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

***SERVER* SIGNS NAME**
 (SIGNATURE OF PERSON COMPLETING THIS FORM)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served

Address (number, street, city, state, and zip code)

1. GUARDIAN'S NAME	GUARDIAN'S ADDRESS
2. NAME OF ALL OTHER PARTIES	ADDRESS OF ALL OTHER PARTIES
3. NAME OF ALL OTHER PARTIES	ADDRESS OF ALL OTHER PARTIES
4. NAME OF ALL OTHER PARTIES	ADDRESS OF ALL OTHER PARTIES

Continued on an attachment. (*You may use form DE-120(MA)/GC-020(MA) to show additional persons served.*)

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State bar number, and address) : YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE AND ZIP CODE TELEPHONE NO.: YOUR PHONE# FAX NO.: ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA PROBATE DIVISION 191 NORTH FIRST STREET SAN JOSE, CA 95113	
GUARDIANSHIP OF: CHILD(REN)'S NAME(S) <div style="text-align: right;">MINOR</div>	
PETITION FOR VISITATION	CASE NUMBER: YOUR CASE NUMBER

1. **Petitioner (name) : YOUR NAME** requests

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

SEE CHILD CUSTODY AND VISITATION ORDER ATTACHMENT

CHECK HOW YOU ARE RELATED TO THE CHILD(REN)

2. Petitioner is the minor's parent grandparent other:

DATE THE GUARDIAN WAS APPOINTED

3. Name(s) : **YOUR NAME** 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 PERSON OF (Name) :
 CHILD(REN)'S NAME(S)

CASE NUMBER:
YOUR CASE NUMBER

MINOR

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

- a. Guardian:
CURRENT GUARDIAN'S NAME
CURRENT GUARDIAN'S ADDRESS
- b. Minor:
CHILD(REN)'S NAME
CHILD(REN)'S ADDRESS
- c. Father:
CHILD(REN)'S FATHER'S NAME
CHILD(REN)'S FATHER'S ADDRESS
- d. Mother:
CHILD(REN)'S MOTHER'S NAME
CHILD(REN)'S MOTHER'S ADDRESS
- e. Brother(s) or Sister(s): (12 years old or older)
CHILD(REN)'S BROTHER/SISTER'S NAME
CHILD(REN)'S BROTHER/SISTER'S ADDRESS
- f. Maternal grandfather:
MOTHER'S MOTHER'S NAME
MOTHER'S MOTHER'S ADDRESS
- g. Maternal grandmother:
MOTHER'S FATHER'S NAME
MOTHER'S FATHER'S ADDRESS
- h. Paternal grandfather:
FATHER'S FATHER'S NAME
FATHER'S FATHER'S ADDRESS
- i. Paternal grandmother:
FATHER'S MOTHER'S NAME
FATHER'S MOTHER'S ADDRESS
- 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: **TODAY'S DATE**

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)



SIGN YOUR NAME _____

(SIGNATURE OF PETITIONER)



 (TYPE OR PRINT NAME)

 (SIGNATURE OF PETITIONER)

Consent to Visitation and Waiver of Notice

IF ANY OF THE PEOPLE ABOVE AGREE THAT YOU SHOULD HAVE VISITS THEY WILL FILL THIS AREA OUT.

IF NOT, THIS WILL BE LEFT BLANK

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)

GUARDIANSHIP OF:
CHILD(REN)'S NAME(S)

CASE NUMBER:
YOUR CASE NUMBER

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ATTACHMENT (Number) : 4

(This Attachment may be used with any Judicial Council form.)

Page 1 of 1

(Add pages as required)

EXPLAIN WHY YOU SHOULD BE GRANTED VISITATION:

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

CHILD(REN)'S NAME(S)

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)* :

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) : YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE AND ZIP CODE TELEPHONE NO.: YOUR PHONE# FAX NO.: ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA PROBATE DIVISION 191 NORTH FIRST STREET SAN JOSE, CA 95113	
GUARDIANSHIP OF: CHILD(REN)'S NAME(S)	
VISITATION ORDER	CASE NUMBER YOUR CASE NUMBER

1. The petition to grant visitation came on for hearing as follows (check boxes c, d, e, f, g, h to indicate personal presence):

- a. Judge (name): **JUDGE MARY ANN GRILLI**
- b. Hearing date: _____ Time: _____ Dept: _____
- c. Petitioner (name):
- d. Attorney for p
- e. Minor:
- f. Attorney for minor (name):
- g. Guardian(s):
- h. Attorney for guardian(s):
- i. Other(s):

LEAVE THIS AREA BLANK

THE COURT FINDS

- 2. a. All notices required by law have been given
- b. Notice of hea _____ (names):
- c. Visitation by the petitioner is in the best interest of the child.

LEAVE THIS AREA BLANK

THE COURT ORDERS

- 3. Parties are ordered to orientation and mediation at Family Court Services (408) 534-5760 to determine a visitation schedule.
 - a. Parties are ordered to appear for a review hearing:
 Date: _____
- 4. Parties are ordered to follow the attached visitation schedule.
- 5. Other (specify):

LEAVE THIS AREA BLANK

Date: **DO NOT DATE**

DO NOT DATE

 JUDGE OF THE SUPERIOR COURT

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA**

IN THE MATTER OF THE

- Guardianship Limited Conservatorship
 Conservatorship Trust

OF: **CHILD(REN)'S NAME(S)**

**CONFIDENTIAL DOCUMENT COVER SHEET
(Guardianship - Conservatorship - Trust)**

CASE NUMBER

YOUR CASE NUMBER

RE: GUARDIANSHIPS:

The following documents are confidential and shall be made available only to persons who have been served in the proceedings and/or their attorneys.

- Probate Code § 1513:** Court Investigator/Family Court Services/Social Services Agency report for appointment of Guardian.
 Probate Code § 1513.2: Confidential Guardianship Status report.
 Cal. Rules of Court, Rule 7.1001: Confidential Guardianship Screening Form.
 Review of Existing Guardianship Reports
 Other: REFERRAL FOR INVESTIGATOR'S FEE

* * * * *

RE: CONSERVATORSHIPS:

The following documents shall be made available only to parties, persons given notice of the petition who have requested the document or who have appeared in the proceedings, their attorneys, and the court. The court shall have discretion at any other time to release the document, if it would serve the interests of the conservatee.

- Probate Code § 1821:** Supplemental Information form.
 Probate Code § 1826: Court Investigator's appointment report.
 Probate Code § 1851: Court Investigator's review report.
 Probate Code § 1827.5: Ltd. Conservatorship: Regional Center assessment.
 Cal. Rules of Court, Rule 7.1050: Confidential Conservator Screening Form.
 Other:

* * * * *

RE: ESTATE PLANNING DOCUMENTS:

The following estate planning documents shall be made available only to persons who have applied to the court and have been granted permission to review the documents.

- Estate Planning Documents:**

MUST BE FILED IN DUPLICATE

IN RE: GUARDIANSHIP OF: **CHILD(REN)'S NAME(S)**

Santa Clara County
Case # **YOUR CASE#**

AUTHORIZATION FOR RELEASE OF INFORMATION

Probate Code section 1513 requires that a probate court investigator conduct interviews and write a report and recommendations to the Court concerning the appropriateness of establishing a guardianship for the above-named child(ren). In order to assist in the gathering of pertinent information,

I/we, **YOUR NAME** /

Specifically authorize the release of school records, counseling records, probation records, public and private social service records, summaries of medical and psychological records, and records from any private or public agency which would assist in the determination of our petition for guardianship.

Dated: **TODAY'S DATE**

SIGN YOUR NAME _____

Dated: _____