

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>):		FOR COURT USE ONLY	
TELEPHONE NO: FAX NO. (<i>Optional</i>):			
E-MAIL ADDRESS (<i>Optional</i>):			
ATTORNEY FOR (<i>Name</i>):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN STREET ADDRESS: 180 E WEBER AVENUE MAILING ADDRESS: SAME CITY AND ZIP CODE: STOCKTON, CA 95202 BRANCH OF NAME: STOCKTON			
GUARDIANSHIP OF (<i>Name</i>):		CASE NUMBER:	
Minor(s)			
PETITION FOR VISITATION (GUARDIANSHIP)		HEARING: DATE:	
		DEPT:	TIME:

PLEASE NOTE: Notice of Hearing (Form GC-020), properly served, is required
and must be filed with the Court before the hearing date.

1. I, _____ (your name), am related to the child as (check one):

☐ Mother ☐ Father ☐ Grandparent ☐ Other: _____

2. I believe that visitation between myself and the minor(s) is in the best interests of the minor(s) because:

☐ Continued on attachment 2

3. My previous contact with the minor(s) is as follows:

☐ Continued on attachment 3

4. I have not been able to reach an agreement with the guardian/proposed guardian over visitation because:

☐ Continued on attachment 4

PETITION FOR VISITATION (GUARDIANSHIP)

GUARDIANSHIP OF (Name):	CASE NUMBER:
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5. I request the Court order visitation and I would like to have visitation as follows:

a. ☐ Telephone and/or Video Conference visitation. The proposed times for this visitation is:

b. ☐ Supervised visitation. The proposed times for this visitation is:

c. ☐ For a few hours a week:

_____ at _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 (day of week) (time) (time)

_____ at _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 (day of week) (time) (time)

d. ☐ Other:

☐ Continued on attachment 5

6. The names and residence addresses of the following individuals:

- | | |
|-----------------------|-----------------------------|
| a. Guardian(s): | h. Brother or Sister: |
| b. Minor: | i. Brother or Sister: |
| c. Minor: | j. Maternal Grandfather(s): |
| d. Father(s): | k. Maternal Grandmother(s): |
| e. Mother(s): | l. Paternal Grandfather(s): |
| f. Brother or Sister: | m. Paternal Grandmother(s): |
| g. Brother or Sister: | n. Attorney for Minor(s): |

☐ Additional names and addresses continued on attachment 6

PETITION FOR VISITATION (GUARDIANSHIP)

GUARDIANSHIP OF (Name):	CASE NUMBER:
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CONSENT TO VISITATION AND WAIVER OF NOTICE

7. I consent to the attached visitation schedule and waive notice of petition.

Date	Type or Print Name	Signature	Relationship to Minor
Date	Type or Print Name	Signature	Relationship to Minor
Date	Type or Print Name	Signature	Relationship to Minor
Date	Type or Print Name	Signature	Relationship to Minor
Date	Type or Print Name	Signature	Relationship to Minor
Date	Type or Print Name	Signature	Relationship to Minor

☐ Continued on attachment 7

WHEREFORE, Petitioner requests an order for Visitation, and that other relief be granted that the Court considers proper.

Date: _____

 Petitioner (Signature)

VERIFICATION

I, _____, am the Petitioner in the above-entitled proceeding, have read the foregoing petition and know the contents thereof. The same is true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe it to be true.

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

Date: _____

 Petitioner (Signature)