

## Checklist for filing a petition for visitation in a guardianship case

- Complete the petition for visitation, visitation order and notice of hearing.
- Make 3 copies of all the completed forms and file with the probate clerk located at 222 E. Weber Ave. Room 303.
- Have someone 18 years of age or older serve all persons who were served initially when the guardianship case was originally filed. You can obtain a list of who needs to be served from the guardianship court file.
- Prior to the hearing file the completed proof(s) of service and or the consent to visitation and waiver of notice.
- Go to your hearing. You must dress appropriately for court. No shorts or tank tops allowed.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>GUARDIANSHIP OF THE:</b> <input type="checkbox"/> PERSON OF  (Name(s)): _____	CASE NUMBER: _____
<b>PETITION FOR VISITATION</b>	HEARING DATE AND TIME: _____ DEPT: _____

1. I am related to the child as the (check one):  
 Mother  Father  Stepparent  Grandparent  Other relative  Friend

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

3. My previous contact with the minor(s) are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. I request the Court order visitation between myself and the minor(s). I would like to have visitation as follows: \_\_\_\_\_  
 \_\_\_\_\_

5. The reason I have not been able to reach an agreement with the guardian/proposed guardian over visitation is: \_\_\_\_\_  
 \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 (Type of Print Your Name)

\_\_\_\_\_  
 (Signature)

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (Name):  <div style="text-align: right; font-weight: bold;">MINOR</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:

- |   |  |
|---|--|
| 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. |
|---|--|

7. Number of pages attached: \_\_\_\_\_

**This form must be filed with the- Notice of Hearing-Guardianship or Conservatorhsip, GC-020**

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

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 CASE NUMBER: _____
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE: <input type="checkbox"/> PERSON OF (Name(s)): _____	
<b>VISITATION ORDER (Guardianship)</b>	CASE NUMBER: _____

1. The Petition for Visitation (guardianship) came on for hearing as follows:  
 (check boxes c, d, and e to indicate personal presence)

- a. Judge (name): \_\_\_\_\_  Temporary Officer
- b. Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept: \_\_\_\_\_ Room: \_\_\_\_\_
- c.  Petitioner (name): \_\_\_\_\_
- d.  Attorney for Petitioner (name): \_\_\_\_\_
- e.  Attorney for minor (name, address, and telephone no.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE COURT FINDS:**

- 2. a.  All notices required by law have been given.
- b.  Notice of hearing to the following persons  has been  should be dispensed with  
 (name(s)): \_\_\_\_\_  
 \_\_\_\_\_
- 3. Visitation with the petitioner is in the best interest of the minor(s). (See Family Code Section 3020(a))

CASE NAME: _____	CASE NUMBER: _____
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**THE COURT ORDERS**

Visitation with minor(s) be granted to:

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

With the following conditions regarding:

- Supervised
- Unsupervised
- Duration: \_\_\_\_\_  
\_\_\_\_\_
- Frequency: \_\_\_\_\_  
\_\_\_\_\_
- Location: \_\_\_\_\_  
\_\_\_\_\_
- Other Provisions: \_\_\_\_\_  
\_\_\_\_\_

**THE COURT FURTHER ORDERS**

Date: \_\_\_\_\_  
\_\_\_\_\_ Judicial Officer

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP   OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):  <div style="text-align: right;"> <input type="checkbox"/> MINOR   <input type="checkbox"/> (PROPOSED) CONSERVATEE         </div>	
<b>NOTICE OF HEARING - GUARDIANSHIP OR CONSERVATORSHIP</b>	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) :  
 (representative capacity, if any) :  
 has filed (specify) :
  
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.)



<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER:
<input type="checkbox"/> MINOR <input type="checkbox"/> (PROPOSED) CONSERVATEE	

**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*) :
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: \_\_\_\_\_ b. Place mailed (*city, state*) : \_\_\_\_\_
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: \_\_\_\_\_

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM) (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.		
2.		
3.		
4.		

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