

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State bar number, and address)  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>          CASE NUMBER _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street Room 110 SANTA CRUZ, CA 95060	
GUARDIANSHIP OF: _____  MINOR	
<b>PETITION FOR</b> <input type="checkbox"/> <b>VISITATION</b> <input type="checkbox"/> <b>OTHER CONTACT</b> <input type="checkbox"/> <b>MODIFICATION OF VISITATION ORDER</b>	

1. I (name) \_\_\_\_\_ request the following  Visitation  Other contact such as mail, phone, e-mail (write in type of contact): \_\_\_\_\_ with the minor child or children: \_\_\_\_\_ based on the following schedule (be specific with times, dates, and duration of visit): \_\_\_\_\_

2. I am the minor's  Parent  Grandparent  Guardian  Other \_\_\_\_\_

3.  Name(s): \_\_\_\_\_ was appointed guardian of the PERSON on (date): \_\_\_\_\_

4. I 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):	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:<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 Conservatorship, 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)