

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

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:

b. Minor:

c. Father:

d. Mother:

e. Brother(s) or Sister(s):
(12 years old or older) | f. Maternal grandfather:

g. Maternal grandmother:

h. Paternal grandfather:

i. Paternal grandmother:

j. <input type="checkbox"/> Additional names and addresses
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)