

*FOR COURT USE ONLY*

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ</b> 701 Ocean Street, Room 110 Santa Cruz, CA 95060 Santa Cruz Branch	
GUARDIANSHIP OF:	
<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>	CASE NUMBER:

- I (name) \_\_\_\_\_ request the following  
 Visitation  Other contact such as mail, phone, email (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): \_\_\_\_\_  
 \_\_\_\_\_
- I am the minor's  Parent  Grandparent  Guardian  Other \_\_\_\_\_
- Name(s) \_\_\_\_\_ was appointed guardian of the  
 PERSON on (date): \_\_\_\_\_.
- I should be granted visitation for the reasons  specified below  specified in Attachment 4.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Notice to the persons identified in Attachment 5 should be dispensed with because:  
 They cannot with reasonable diligence be given notice (*specify names and attempt to locate in Attachment 5*):  
 Other good cause exists to dispense with notice (*specify names and reasons in Attachment 5*):

GUARDIANSHIP OF:	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:

- |   |  |
|---|--|
| <p>a. Guardian:</p> <p>b. Minor:</p> <p>c. Father:</p> <p>d. Mother:</p> <p>e. Brother(s) or Sister(s): (12 years old or older)</p> | <p>f. Maternal grandfather:</p> <p>g. Maternal grandmother:</p> <p>h. Paternal grandfather:</p> <p>i. Paternal grandmother:</p> <p>j. <input type="checkbox"/> Additional names and addresses continued in Attachment 6.</p> |
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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)