

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) TELEPHONE NUMBER: _____ FAX NUMBER: _____ ATTORNEY FOR: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA STREET ADDRESS: 600 Administration Drive MAILING ADDRESS: 600 Administration Drive CITY AND ZIP CODE: Santa Rosa, CA 95403	
GUARDIANSHIP OF: _____ <p style="text-align: right;">MINOR</p>	
<p style="text-align: center;">PETITION FOR VISITATION (GUARDIANSHIP)</p>	CASE NUMBER: _____

1. I, _____, (*relationship to minor*), requests that the court issue the following visitation orders:

2. The current Guardian is _____.

3. I am requesting visitation because: specified below specified in attachment 1:

4. Notice to the persons identified in Attachment 2 should be dispensed with because:

they cannot with reasonable diligence be given notice (*specify names and efforts to locate them in Attachment 2*)

other good cause exists to dispense with notice (*specify names and reasons in Attachment 2*).

GUARDIANSHIP OF THE PERSON OF (Name):

CASE NUMBER:

MINOR **SPR -**

5. I have given notice to the following person(s):

Date:

(Signature of Attorney – if applicable)

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 Requesting Party)

.....
(Type or Print Name)

(Signature of Requesting Party)

Consent to Visitation and Waiver of Notice

I consent to the attached visitation schedule and waiver of notice of the petition:

_____ (Date) (Type or Print Name)	_____ (Signature of Guardian)
_____ (Date) (Type or Print Name)	_____ (Signature of Guardian)
_____ (Date) (Type or Print Name)	_____ (Signature of Guardian)
_____ (Date) (Type or Print Name)	_____ (Signature of Guardian)