

ATTORNEY, OR PARTY IF NO ATTORNEY: State Bar No.: Name: Address: City/State/Zip: TELEPHONE NO.: ATTORNEY FOR: (Name)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 POWER INN ROAD MAILING ADDRESS: Same CITY & ZIP CODE: Sacramento, California 95826	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF: (Name) _____, a Minor(s)	Hearing Date: Time: _____ Dept. _____
REQUEST FOR COURT ORDERED VISITATION	Probate Case Number: _____

1. Petitioner (name): _____

Address: _____

Telephone No.: _____

Relationship to Minor: _____

Requests a visitation order in regards to the following minor(s):

<u>Child's Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Date of Birth</u>
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1. _____

2. _____

3. _____

2. Date of last Mediation (if applicable): _____

3. Petitioner is the minor's parent Other (indicate relationship): _____

4. I request the following:

Adopt agreement reached in Family Court Services on (date): _____.

Adopt modified agreement reached in Family Court Services on (date): _____.

Modify existing order issued on (date): _____.

Make a referral to Family Court Services for Child Custody Recommending Counseling.

GUARDIANSHIP OF:

Case Number:

5. The facts in support of the requested visitation are as follows:

6. Demographic information:

Mother's Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Legal Guardian(s) Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Father's Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip : _____

Phone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Legal Guardian(s) Information

Name: _____

DOB: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Attorney Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

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

Date: _____

Signature of Attorney

Date: _____

Signature of Petitioner

Type or print name

Date: _____

Signature of Petitioner

Type or print name