ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO: ATTORNEY FOR (NAME):	*For Court Use Only*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
CLAIMANT:	
PETITION FOR JOINDER (Custody/Visitation)	CASE NUMBER:

Claimant alleges as follows:

1. Claimant is the *(specify relationship)* _____ of the minor child(ren) outlined below:

Child's name	Birthdate	Age	Sex

2. Each minor child named in 1 is currently living with the ☐ Petitioner ☐ Respondent
☐ Other: _____ in the following county *(specify)*: _____.

3. Claimant requests that the court grant the following relief:

a. ☐ reasonable visitation with the following child(ren) _____,
as determined by court.

b. ☐ custody of the following child(ren) _____ as granting custody to a parent will be detrimental to the child(ren) and that granting custody to the claimant (non-parent) is required to serve the best interest of the child(ren).

c. ☐ Other:

_____

_____

_____

_____

d. ☐ Such other relief as the court may deem appropriate.

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

DATED:_____ _____
CLAIMANT