

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone & State Bar Number): 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) <div style="text-align: right;">, a Minor(s)</div>	
REQUEST FOR CONFIDENTIAL MEDIATION REGARDING VISITATION	Probate Case Number:

1. A request for the court to order mediation has been requested by _____, (petitioner)

 (relationship to minor(s))

2. CHILDREN AT ISSUE

<u>NAME</u>	<u>DOB</u>	<u>SCHOOL</u>	<u>RESIDES WITH</u> (Name & Address)
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

Name of Children(s) Attorney: (if applicable)

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Telephone Number: _____

3. Provide all requested names, mailing addresses, telephone numbers and attorney information of the persons listed in attachment 3 to the best of your ability. Use business addresses only when the home address are unavailable.

4. A controversy exists between the below parties concerning visitation. (List parties name and relationship then provide a brief explanation):

_____, _____
(name) (relationship)

_____, _____
(name) (relationship)

_____, _____
(name) (relationship)

_____, _____
(name) (relationship)

5. Provide the following information regarding any other custody proceeding pending in the California court or any other court concerning the child to this proceeding:

Name of the court, state, location, and case number: _____

6. Date of last Mediation Report. (If applicable): _____

7. Do you have a current Domestic Violence Restraining Order? Yes (If yes, attach a copy) No

8. Any information I have provided above and any attachment to this Petition are furnished in good faith in the hope of settling the controversy.

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

Dated: _____

.....
PRINT NAME

SIGNATURE OF PETITIONER

ATTACHMENT 3

Mother's Information

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Father's Information

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Petitioner(s) Information

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Petitioner(s) Information

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Legal Guardian(s) Information

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Legal Guardian(s) Information

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Other Person(s) Listed in Item #4

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Other Person(s) Listed in Item #4

Name: _____
DOB: _____
Street Address: _____
City/State/Zip: _____
Home Telephone Number: _____
Work Telephone Number: _____
Attorney Name: _____
Street Address: _____
City/State/Zip: _____
Telephone Number: _____

Proof of Service

- 1. I am over the age of 18 and not a party to this cause. My residence or business address is:
- 2. I am a resident of or employed in the county where the mailing occurred. I serviced a copy of the Petition for Confidential Mediation by mailing them, in a sealed envelope with postage fully prepaid, as follows:
 - a. I deposited the envelope with the United States Postal Service.
 - b. Date of deposit: _____ c. Place of deposit (city and state: _____
 - d. Address at which person service: _____
 - e. On (date): _____ f. At (time): _____

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

TYPE OR PRINT NAME

SIGNATURE OF DECLARANT