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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):<br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>ATTORNEY FOR (Name): _____        | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED</b><br><br>STREET ADDRESS: 2260 N Street<br>MAILING ADDRESS: 627 W. 21st Street<br>CITY AND ZIP CODE: Merced, CA 95340 |                           |
| GUARDIANSHIP OF:<br><br><br><br><br><div style="text-align: right;">MINOR(S)</div>   |                           |
| <b>PETITION FOR MODIFICATION<br/>OF VISITATION ORDERS - GUARDIANSHIP</b>   | CASE NO. _____            |

1.  Guardian  Mother  Father  other: \_\_\_\_\_ requests that the court modify the visitation order issued on: \_\_\_\_\_.

2. The following modification is requested:

3. The reason for the modification is as follows:

|  |              |           |              |
|--|--------------|-----------|--------------|
| I agree and consent to the above modification of visitation orders issued on _____ . By signing below I understand that the court may grant the requested modification with or without my presence at the hearing. |              |           |              |
| DATE   | NAME (Print) | Signature | Relationship |
| _____  | _____        | _____     |              |
| _____  | _____        | _____     |              |
| _____  | _____        | _____     |              |

**DECLARATION**

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

DATED: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_