

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>)	TELEPHONE AND FAX NOS.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 627 W. 21 st Street CITY AND ZIP CODE: Merced, CA 95340		
GUARDIANSHIP OF _____ MINOR(S)		
PETITION FOR VISITATION ORDERS – GUARDIANSHIP		CASE NO. _____

1. Guardian Mother Father other: _____ requests that the court issue visitation orders.

2. The following visitation orders are requested:

3. The reason for the visitation request is as follows:

I agree and consent to the above visitation request. By signing below I understand that the court may grant the requested visitation 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: _____