ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, state bar number, and address)*	TELEPHONE AND FAX NOS.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name):*		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED SUPERIOR COURT STREET ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340		
GUARDIANSHIP OF MINOR(S)		
PETITION FOR MODIFICATION OF VISITATION ORDERS – GUARDIANSHIP		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 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: _____