

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

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

2.    The following visitation orders are requested:

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

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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: \_\_\_\_\_