

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State bar number, and address) TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA PROBATE DIVISION 191 NORTH FIRST STREET SAN JOSE, CA 95113	
GUARDIANSHIP OF: _____ <p style="text-align: center;">MINOR</p>	
<p>PETITION FOR VISITATION</p>	CASE NUMBER _____

1. **Petitioner** (*name*): _____ **requests**

the following specific visitation schedule for the minor (*name*):

2. Petitioner is the minor's parent grandparent other:

3. *Name(s)*: _____ was appointed guardian of the PERSON on (*date*):

4. Petitioner should be granted visitation for the reasons specified below specified in Attachment 4.

5. Notice to the persons identified in Attachment 5 should be dispensed with because

they cannot with reasonable diligence be given notice (*specify names and efforts to locate them in Attachment 5*).

other good cause exists to dispense with notice (*specify names and reasons in Attachment 5*).

