ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):	FOR (COURT USE ONLY			
The state of the s	Ton	COCKI OSE ONEI			
TELEPHONE NO: FAX NO. (Optional):					
E-MAIL ADDRESS (Optional):					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN					
STREET ADDRESS: 315 W. ELM STREET					
MAILING ADDRESS: 315 W. ELM STREET					
CITY AND ZIP CODE: LODI, CA 95240					
BRANCH OF NAME: LODI GUARDIANSHIP OF (Name):	CASE NUMBI	₽ D ·			
GUARDIANSHIF OF (Name).	CASE NOMBI	ZIX.			
Minor(s)					
	HEARING DA	TE:			
PETITION FOR VISITATION					
(GUARDIANSHIP)	DEPT:	TIME:			
PLEASE NOTE: Notice of Hearing (Form GC-020), properly so	arved is requi	red			
and must be filed with the Court before the hearing of	-	icu			
and must be med with the Court before the hearing t	iaic.				
1. I, (your name), am related to the	ne minor(s) as (check one):			
☐ Mother ☐ Father ☐ Grandparent ☐ Other:					
2. I believe that visitation between myself and the minor(s) is in the best interests of the minor(s) because:				
Continued on the sharest 2					
☐ Continued on attachment 2					
3. My previous contact with the minor(s) is as follows:					
Continued on attachment 2					
☐ Continued on attachment 3					
4. I have not been able to reach an agreement with the guardian/proposed guardian over visitation because:					
☐ Continued on attachment 4					

GUARDIANSHIP OF (Name):			CASE NUMBER:		
5. I request the Court order visitation and I	would like to have visitation a	s follows:			
a. Telephone and/or Video Conferen	ce visitation. The proposed to	mes for this visitation is:			
•					
b. Supervised visitation. The proposed in th	sed times for this visitation is:				
c. For a few hours a week:					
at	am ∣		□ am □ pm		
(day of week)	(time)		(time)		
(day of week)	(time)		(time) □ am □ pm		
d. Other:	(time)		(time)		
☐ Continued on attachment 56. The names and residence addresses of the	e following individuals:				
		D 4 6' 4			
a. Guardian(s):	h.	Brother or Sister:			
b. Minor:	i.	Brother or Sister:			
c. Minor:	j.	Maternal Grandfather(s):			
d. Father(s):	k.	Maternal Grandmother(s):			
e. Mother(s):	1.	Paternal Grandfather(s):			
f. Brother or Sister:	m.	Paternal Grandmother(s):			
g. Brother or Sister:	n.	Attorney for Minor(s):			
		· V-7			
☐ Continued on attachment 6					

GUARDIANSHI	P OF (Name):		CASE NUMBER:	
7 Loonsent	CONSENT TO to the attached visitation schedule at	VISITATION AND WAIVER	OF NOTICE	
7. 1 consent	to the attached visitation schedule at	nd warve notice of petition.		
Date	Type or Print Name	Signature	Relationship to Minor	
Date	Type or Print Name	Signature	Relationship to Minor	
Date	Type or Print Name	Signature	Relationship to Minor	
Date	Type or Print Name	Signature	Relationship to Minor	
Date	Type or Print Name	Signature	Relationship to Minor	
Date	Type or Print Name	Signature	Relationship to Minor	
Date:		Petitioner (Signature		
		VERIFICATION		
I,				
Date:		D ::: (6:		
		Petitioner (Signature)	