

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME, STATE BAR NUMBER AND ADDRESS</i>):		<i>FOR COURT USE ONLY</i>
EMAIL ADDRESS (<i>Optional</i>):	TELEPHONE NO.:	
ATTORNEY FOR (<i>NAME</i>):	FAX NO. (<i>Optional</i>):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS:		CASE NUMBER:
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
GUARDIANSHIP OF:		
HEARING DATE:	TIME:	DEPARTMENT:
PETITION FOR VISITATION		

1. Petitioner (*name*): _____ is the minor's (*relationship*) _____ and requests the following visitation schedule with the minor (*name*): _____

OR

Specified in Attachment 1

2. The guardian of the minor is (*name*): _____
The guardian was appointed on (*date*): _____

3. Petitioner and the guardian have have not attended Mediation at Family Court Services.

If the parties have attended Mediation:

Date of attendance: _____ Was an agreement reached? Yes No

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4. Petitioner should be granted visitation for the reasons specified in Attachment 4.
5. The names and residence addresses of the guardian, minor, and minor's parents, brothers, sisters, and grandparents are as follows:

a.	Guardian:	f.	Maternal Grandfather:
b.	Minor:	g.	Maternal Grandmother:
c.	Father:	h.	Paternal Grandfather:
d.	Mother:	i.	Paternal Grandmother:
e.	Brother(s) or Sisters(s) (12 years or older):	j.	<input type="checkbox"/> Additional names and addresses continued in Attachment 5.

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6. Notice to the persons identified in Attachment 6 should be dispensed with because:

they cannot with reasonable diligence be given notice (*specify names and efforts to locate them in Declaration of Due Diligence, Local Form SC-6014*).

other good cause exists to dispense with notice (*specify names and reasons in Attachment 6.*)

Date: _____

(Signature of Attorney)

I/we declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Date: _____

(Type or Print Name)

(Signature of Petitioner)

Date: _____

(Type or Print Name)

(Signature of Guardian)

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Attachment 1
Visitation Schedule Attachment

1. Weekends starting (date): _____

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of every month

from _____ at _____ a.m. p.m.
(day of week) *(time)*

to _____ at _____ a.m. p.m.
(day of week) *(time)*

The parties will alternate the fifth weekends, with the

party with visitation guardian

having the initial fifth weekend, which starts (date): _____.

2. Alternate weekends starting (date): _____

from _____ at _____ a.m. p.m.
(day of week) *(time)*

to _____ at _____ a.m. p.m.
(day of week) *(time)*

3. Weekdays starting (date): _____

from _____ at _____ a.m. p.m.
(day of week) *(time)*

to _____ at _____ a.m. p.m.
(day of week) *(time)*

(Continued)

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4. Other (*specify days and times as well as any additional restrictions*):

5. Transportation for visitation:

- a. Transportation to the visits will be provided by the party with visitation guardian other (*specify*): _____.
- b. Drop-off of the children will be at (*address*):_____.
- c. Pick-up of the children will be at (*address*):_____.
- d. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- e. During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home while the children go between the car and the home.
- f. Other(*specify*):

6. Travel with children. The party with visitation must have written permission from the guardian or a Court Order to take the children out of the State of California Santa Barbara County.

7. Holiday Schedule. See Children’s Holiday Schedule Attachment.

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CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

Holiday Visitation

The following table shows the holiday visitation schedules. Write "GD" (guardian) or "PV" (Party with visitation) to specify parties years – odd, even, or both ("every year")- and under "Time" specify the starting and ending days and times.

HOLIDAY	Time (from when to when) <small>(Unless otherwise noted, all single day holidays start at ____ a.m. and end at ____ p.m.)</small>	Every Year <small>Guardian/Party with visitation</small>	Even Years <small>Guardian/Party with visitation</small>	Odd Years <small>Guardian/Party with visitation</small>
January 1 (New Years Day)				
Martin Luther King's Birthday (weekend)				
Lincoln's Birthday				
President's Day (weekend)				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
Veteran's Day (weekend)				
Thanksgiving Day				
Thanksgiving weekend				
Winter Break, first half				
Winter Break, second half				
New Year's Eve				
Child's Birthday				
Mother's Birthday				
Father's Birthday				
Breaks for year-round schools				
Summer Break, first half				
Summer Break, second half				

Other (*specify*):

Any three-day weekend not specified above will be spent with the party who would normally have that weekend.

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Attachment 4
Why Visitation Should be Granted

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Attachment 6

(Attach a Declaration of Due Diligence, Local Form SC-6014, if you cannot locate an individual entitled to notice. If your request to dispense with notice is based on other reasons, please state why.)