| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): | | | FOR COURT USE ONLY | | |
|--|---|--|--|---|--|
| E-MA ATTO SUP STRE MAILI CITY | ET ADDRESS: ING ADDRESS: AND ZIP CODE: | ptional): <u>me):</u> ר OF CALIFORNIA, COUNT 600 Union Avenue | NO.(<i>Optional</i>): 7 OF SOLANO 321 Tuolumne Street 321 Tuolumne Street Vallejo, CA 94590 | To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished. | |
| | | PETITION FOR VISITA | CASE NUMBER: | | |
| I,, declare as folio | | |)ws | | |
| ', <u> </u> | ,, declare as folk I. I am (<i>check one</i>): | | | | |
| | , | , | | | |
| | a. The guardian/proposed guardian. | | | | |
| b. The ward/proposed ward. | | | | | |
| c. A parent of the ward/proposed ward | | | | | |
| d. A stepparent of the ward/proposed ward | | | | | |
| е | e. A grandparent of the ward/proposed ward | | | | |
| f. | 🗌 Other (e | explain): | | | |
| 2. I am seeking visitation orders for the following child(ren): | | | | | |
| Ν | lame of child: | | D | ate of birth: | |
| | | | | ate of birth: | |
| | | | | ate of birth: | |
| | lame of child: | | | ate of birth: | |
| | | | | | |
| | | | | | |
| a. I would like an order allowing me to have visitation with the children. b. I would like to change a current visitation order in this case. | | | | | |
| b | | - | | | |
| C. | | l like to enforce a current v | | | |
| d | | like mediation to work out | • | | |
| 4. a | . When was th | he last time you saw or spo | oke with the child(ren)? | | |
| | | | ce. Staple any additional sheets of | | |
| b. Before the guardianship was established, how often did you see or talk with the child(ren)? _ | | | | th the child(ren)? | |
| | | | | | |
| | | | | | |

Check here if you need more space. Staple any additional sheets of paper to this form.

| | | 3720 | | |
|---------|--|---|--|--|
| IN RE | GUARDIANSHIP OF: | CASE NUMBER: | | |
| 5. | No visitation orders currently exist in the guardianship case. I would like the court to order the following visitation schedule (<i>describe</i>): | | | |
| | Check here if you need more space. Staple any addition Why do you think it is in the child(ren)'s best interests for the | | | |
| 6. | Check here if you need more space. Staple any addition I would like to change the current visitation orders. (<i>Attach</i> effect.) I would like the following visitation schedule instead of the cu | a copy of the visitation orders that are currently in | | |
| | I am asking for this change because: | | | |
| 7. 🗌 | Check here if you need more space. Staple any addition I would like to have the current visitation orders enforced bec | | | |
| Numbe | ☐ Check here if you need more space. Staple any addition | nal sheets of paper to this form. | | |
| | e under penalty of perjury under the laws of the State of Calif | ornia that the foregoing is true and correct. | | |
| Deter | | | | |
| Date: _ | (Signature of D | eclarant) | | |
| | | | | |
| | PETITION FOR VISITATIO | ON ORDERS | | |

Adopted for Optional Use Solano County Local Form no. 3720 Eff. (For your protection and privacy, please press the Clear This Form button after you have printed the form.