

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

46-200 Oasis St., Indio, CA 92201

RIVERSIDE 4050 Main St., Riverside, CA 92501

RI-PR037

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (if any)	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
GUARDIANSHIP OF:		CASE NUMBER:
Hearing Date:	Time:	Department:
PETITION FOR VISITATION		

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

requests visitation with the minor (name): _____

2. Petitioner is the minor's Father Mother Other (name): _____

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. I request visitation for the Father Mother Other (name): _____ as follows:

a. Weekends starting (date): _____
(The first weekend of the month is the first weekend with a Saturday.)

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

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

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

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (NAME): _____ <div style="text-align: right;">, MINOR</div>	CASE NUMBER: _____
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5. a. (1) I request that the parties will alternate the fifth weekends, with the party with visitation guardian custodial parent having the initial fifth weekend, which starts (date): _____

(2) I request that the party with visitation have weekends in odd even months.

b. Alternate weekends starting (date): _____

I request that the party with visitation guardian custodial parent will have the children with him or her during the period:

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

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

c. Weekdays starting (date): _____

I request that the party with visitation guardian custodial parent will have the children with him during the period:

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

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

d. Other (specify days and times as well as any additional restrictions): _____

e. Supervised visitation. I request that until further order of the court Other (date): _____ the party with visitation will have supervised visitation with the minor children according to the schedule set forth on the attached form RI-PR013C.

f. Transportation for visitation: _____
 Concerning Transportation: _____

(1) Transportation to the visits should be provided by the party with visitation guardian custodial parent other (please specify): _____ .

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (NAME): _____ <div style="text-align: right;">,MINOR</div>	CASE NUMBER: _____
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5. f. (2) Transportation from the visits should be provided by the party with visitation
 guardian custodial parent other (please specify): _____
-
- (3) Drop off of the children should be at (address): _____
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- (4) Pick up of the children should be at (address): _____
-
- (5) The children should be driven only by a licensed and insured driver. The car or truck should be required to have legal child restraint devices.
- (6) During the exchanges, the party driving the children should wait in the car and the other party should wait in his or her home while the children go between the car and the home.
- (7) Other (specify): _____
-
- g. Travel with children. The party with visitation should be required to obtain written permission from the
 guardian custodial parent or a court order to take the children out of
(1) the State of California.
(2) the following countries (specify): _____
(3) other places (specify): _____
- h. Child abduction prevention. There is a risk that the party with visitation will take the children out of California without permission. I request the orders set out on attached Form RI-PR013B.
- i. Holiday schedule. I request the holiday and visitation schedule set out on attached form RI-PR013D.
- j. Additional custody provisions. I request the additional orders regarding custody set out on the attached form RI-PR013A.
- k. Other (Specify): _____

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (NAME): _____ <div style="text-align: right;">,MINOR</div>	CASE NUMBER: _____
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6. Jurisdiction. The court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
7. Country of habitual residence. The country of habitual residence of the child or children in this case is
 The United States Other (specify): _____
8. A request for special notice
 has not been filed.
 has been filed and notice will be given to (names):

9. Notice to the persons identified in Attachment 9 should be dispensed with because:
 they cannot with reasonable diligence be given notice (*specify names and efforts to locate them in Attachment 9*).

 other good cause exists to dispense with notice (*specify names and reasons in Attachment 9*).
10. The names and residence address 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 Sister(s): _____
 (12 years or older)
- Additional names and addresses attached.
11. Number of pages attached: _____

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON OF (NAME): <div style="text-align: right;">,MINOR</div>	CASE NUMBER:
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Date: _____ (SIGNATURE OF ATTORNEY)

I 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)

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Consent to Visitation and Waiver of Notice

I consent to the attached visitation schedule and waive notice of hearing on this petition:

(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER)
(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER)
(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER)
(DATE)	(TYPE OR PRINT NAME)	(SIGNATURE OF <input type="checkbox"/> MINOR <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER)