FOR COURT USE ONLY

TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):		
Self-Represented or Attorney for ( <i>name</i> ):		
SUPERIOR COURT OF CALIFORNIA COUNTY OF VENTURA 4353 E. VINEYARD AVENUE OXNARD, CA 93036 JUVENILE/PROBATE COURTHOUSE		
IN THE GUARDIANSHIP OF: ( <i>Name</i> (s)):	CASE NUMBER:	
REQUEST FOR VISITATION (GUARDIANSHIP)	HEARING DATE AND TIME:	DEPT:
<b>NOTICE OF HEARING</b> 1. TO:		(names)
Guardian(s) Mother Father Child Other ( <i>specify</i> ):		_ ` ` `
2. A COURT HEARING WILL BE HELD AS FOLLOWS:		
Date: Time: Courtroo	om:	_
Address of court: Same as noted above other (specify):		
The parties are required to attend custody mediation services as follows (mediation, please verify the location of mediation for your case):         Date:          Date:	ediation may be held at a	a different
REQUEST FOR VISITATION		
3.       I,, am the        Mother          Other: of the child.	Father 🗌 Guardian 🗌	] Grandparent
4. I request that the court make an Order for Visitation or Change an Or child(ren) and		who is
Mother Father Guardian Grandparent Other re		iniu(ien).

Write your name, address and telephone number below

CASE NAME:	CASE NUMBER:	

5. I would like to have the following visitation schedule *(indicate the visitation schedule you want below)*:

6. I believe that visitation between the above person and the child(ren) is in the best interests of the child(ren) because (*if you have an existing order for visitation, indicate what has changed since the last court order*):

Continued in Attachment 6

7. The above person's previous contact with the child(ren) is as follows:

8. The reason no agreement has been reached regarding visitation with the child(ren) is as follows:

Continued in Attachment 8

VN171

		VN171
CASE NAME:	CASE NUMBER:	

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

Dated: \_\_\_\_\_

(Type or Print Your Name)

(Signature)