

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR (<i>NAME</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF YUBA 215 5TH STREET, SUITE 200 MARYSVILLE, CA 95901 (530) 740-1800	
Guardianship/Conservatorship of: <p style="text-align: center;">Minor/Conservatee.</p>	
PETITION FOR: <input type="checkbox"/> VISITATION <input type="checkbox"/> REVIEW HEARING <input type="checkbox"/> OTHER	CASE NUMBER: _____

I, _____, hereby petition the Court for the following: _____

My relationship to the minor/conservatee is: mother father grandparent aunt/uncle sibling
 other (specify)_____.

My petition is based on the following reasons (*explain in detail*):

Continued on attachment.

I declare under penalty of perjury that the foregoing is true and correct, and that this petition was executed on _____, 20____, at _____, State of California.

Type or Print Name

Signature of Petitioner

Type or Print Name

Signature of Petitioner

