

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS (<i>optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA 200 South G Street Madera California 93637 Civil Division	
PETITIONER: _____	
RESPONDENT: _____	
PETITION FOR JOINDER (VISITATION)	CASE NUMBER: _____

Claimant alleges as follows:

Claimant is the (*specify relationship*) _____ of the minor child(ren) outlined below.

Child(ren) name

Birthdate

Age

Sex

Each minor child named in above is currently living with the Petitioner Respondent (or) Other _____ in the following county (*specify*): _____.

Claimant request that the Court grant the following relief:

a. reasonable visitation with the following child(ren): _____
as determined by court.

b. Other: _____

c. Such other relief as the court may deem appropriate.

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

Dated: _____

Claimant Signature