1	Name:	
2	Address:	
3	City, State, Zip:	
4	Phone Number:	<u></u>
5	In Propria Persona	
6		
7		
8		
9	SUPERIOR COURT OF CALIFORNIA COUNTY OF FRESNO	
10		) Case No.:
11		)
12		) Petition for Grandparent
13	And	) Visitation Under Fam. C. §3102 )
14	,	) Hearing Date: )
15	Respondent	) Time:
16		) Dept.:
17		
	The undersigned grandparent(s) hereby petition the above-	
18	referenced court for visitation	and declare as follows:
19		
20	1. I am/We are the petitioner(s) in the above-entitled matter. If	
21	I am/we are called on to testify	regarding the facts stated here.
22	I am/we are called on to testify regarding the facts stated here,	
23	I/we could competently do so.	
24		
25	2. I am/We are the maternal/paternal grandparent(s) of the	
26	following person(s):	
27		
28	Child's Name:	

Date of Birth:		
Age:		
Sex:		
Child's Name:		
Date of Birth:		
Age:		
Sex:		
3. I am/We are the parent(s) of,		
who is deceased, and who died on		
My/Our grandchild(ren) has/have not been subsequently adopted by		
a person other than a stepparent or grandparent.		
4. The grandchild(ren) listed above currently is in the custody		
of		
5. Before filing this Petition for visitation, I/We had a close		
relationship and frequent visits with my/our grandchild(ren), as		
described in the declaration filed concurrently with this		
Petition.		
6. Notice of this Petition has been served on the following		
person(s), and verified by proof(s) of service filed concurrently		
with this Petition:		
The living parent:		
The following other people residing with the child(ren):		

1			
2			
3			
4	7. I/We request that the court grant reasonable visitation with		
5	the above-named child(ren) and such other relief as the court may		
6	deem appropriate, under Family Code §3102.		
7			
8	I/We declare under penalty of perjury under the laws of the state		
9	of California that the foregoing declaration is true and correct.		
10			
11	Dated:		
12			
13	Signed:		
14	Printed Name:		
15	Petitioner		
16	Dated:		
17	Signed:		
18	Printed Name:		
19	Petitioner		
20			
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