

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN DIEGO**

**GRANDPARENT VISITATION  
PACKET**



**FORMS INCLUDED IN THIS PACKET**

|   |                                |
|---|--------------------------------|
| Family Law Certificate of Assignment – Venue Declaration                          | SDSC Form #D-049               |
| Petition for Grandparent Visitation   | SDSC Form #D-309               |
| Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) | Judicial Council Form #FL-105  |
| Summons   | Judicial Council Form #SUM-100 |
| Proof of Service of Summons   | Judicial Council Form #POS-010 |



|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> EMAIL ADDRESS (Optional):<br><br>ATTORNEY FOR (Name):   | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| PETITIONER(S)   |                           |
| RESPONDENT(S)   |                           |
| <b>PETITION FOR GRANDPARENT VISITATION</b>  | CASE NUMBER               |

1. Petitioner(s) is the grandparent of the minor child(ren) listed below:

| <u>Child's name</u> | <u>Birthdate</u> | <u>Currently living with (relationship) / in (county)</u> |
|---------------------|------------------|---|
| _____               | _____            | _____   |
| _____               | _____            | _____   |
| _____               | _____            | _____   |
| _____               | _____            | _____   |

☐ Continued on attachment 1.

2. Petitioner(s)' adult child \_\_\_\_\_ (name) is the parent of the minor child(ren) listed in item 1.

3. The parents of the child(ren) (Check all that apply)

- a. ☐ are currently married or have a domestic partnership and living together ☐ and one of the parents has been absent for more than one month without the other parent knowing the whereabouts of the absent parent.
- b. ☐ are divorced. A Judgment (JC Form #FL-180) for dissolution of marriage or domestic partnership was entered on: \_\_\_\_\_ (date), in \_\_\_\_\_ County, \_\_\_\_\_ (state)  
Case No. \_\_\_\_\_.
- c. ☐ are currently involved in a dissolution proceeding in \_\_\_\_\_ County, \_\_\_\_\_ (state)  
Case No. \_\_\_\_\_.
- d. ☐ have never been married or in a domestic partnership.
- e. ☐ are currently living separate and apart on a permanent or indefinite basis.
- f. ☐ \_\_\_\_\_ (name) parent of the minor child(ren) joins in this petition for grandparent visitation (signature attached).
- g. ☐ \_\_\_\_\_ (name) parent of the minor child(ren) is deceased.
- h. ☐ minor child(ren) is not residing with either parent.
- i. ☐ minor child(ren) has been adopted by a ☐ stepparent ☐ grandparent ☐ other (specify relationship and name) \_\_\_\_\_
- j. ☐ \_\_\_\_\_ (name) parent of the minor child is ☐ incarcerated ☐ involuntarily institutionalized.

4. There is a pre-existing relationship between petitioner(s) and the minor child(ren). Grandparent visitation is in the best of the interest the minor child(ren) because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ See attachment.

|             |             |
|-------------|-------------|
| SHORT TITLE | CASE NUMBER |
|-------------|-------------|

5. I am seeking visitation orders as follows:

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☐ See attachment.

6. A completed Summons (JC Form #SUM-100) is included.

7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (JC Form #FL-105) is included.

8. Petitioner(s) requests that the court grant reasonable visitation with the above named minor child(ren), and such relief as the court may deem appropriate, pursuant to Fam. Code, §§ 3100 and

- a. ☐ 3102.
- b. ☐ 3103.
- c. ☐ 3104.

NOTICE: When a petition pursuant to Fam. Code, §§ 3103 or 3104 is granted, the court in its discretion, may order a grandparent to pay an amount for the support of the child or grandchild.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Petitioner

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Attorney for Petitioner

### PARENT'S CONSENT TO REQUEST FOR GRANDPARENT VISITATION

I, \_\_\_\_\_ (name), am the parent of the minor child(ren) and consent to and join in this Petition for Grandparent Visitation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>EMAIL ADDRESS: _____<br>ATTORNEY FOR (Name): _____  | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b><br><input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101<br><input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020<br><input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081<br><input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 |                           |
| <i>(This section applies to cases other than probate guardianships.)</i><br>PETITIONER:<br>RESPONDENT:<br><br>OTHER PARTY:<br>CHILD'S NAME <i>(Juvenile cases only)</i> :  |                           |
| <i>(This section applies only to probate guardianship cases.)</i><br>GUARDIANSHIP OF <i>(name)</i> : _____<br><div style="text-align: right;">Minor</div>  | CASE NUMBER:              |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY<br/>JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>   |                           |

1. I am *(check one)*: ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.
2. There are *(specify number)*: \_\_\_\_\_ minor children who are subject to this proceeding, as follows *(list oldest child first)*:

| Full Name | Date of birth | Place of birth (city and state) |
|-----------|---------------|---------------------------------|
| a. _____  | _____         | _____                           |
| b. _____  | _____         | _____                           |
| c. _____  | _____         | _____                           |
| d. _____  | _____         | _____                           |

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

| Dates of residence<br>(Month/Year) |            | Residence<br>(City, State)                                     | Person child lived with and<br>complete current address        | Relationship |
|------------------------------------|------------|--|--|--------------|
| From:                              | To present | <input type="checkbox"/> Confidential <i>(list state only)</i> | <input type="checkbox"/> Confidential <i>(list state only)</i> |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |
| From:                              | To:        |  |  |              |

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

- b. ☐ Check this box if there is more than one child and all the children *have not* lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

|            |              |
|------------|--------------|
| CASE NAME: | CASE NUMBER: |
|------------|--------------|

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

| Proceeding  | Case number | Court<br>(name, state or tribe,<br>location) | Court order<br>or judgment<br>(date) | Name of each child | Your<br>connection to<br>the case | Case status |
|---|-------------|--|--------------------------------------|--------------------|-----------------------------------|-------------|
| a. <input type="checkbox"/> Family                  |             |  |                                      |                    |                                   |             |
| b. <input type="checkbox"/> Probate<br>Guardianship |             |  |                                      |                    |                                   |             |
| c. <input type="checkbox"/> Other                   |             |  |                                      |                    |                                   |             |

| Proceeding                           | Case Number | Court (name, state or tribe, location) |
|--------------------------------------|-------------|--|
| d. <input type="checkbox"/> Juvenile |             |  |
| e. <input type="checkbox"/> Adoption |             |  |

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

| Court                                | County | State or Tribe | Case Number (if known) | Orders expire (date) |
|--------------------------------------|--------|----------------|------------------------|----------------------|
| a. <input type="checkbox"/> Criminal |        |                |                        |                      |
| b. <input type="checkbox"/> Family   |        |                |                        |                      |
| c. <input type="checkbox"/> Juvenile |        |                |                        |                      |
| d. <input type="checkbox"/> Other    |        |                |                        |                      |

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

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

Date:

\_\_\_\_\_  
 (NAME OF DECLARANT)



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

**NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.**

# SUMMONS (CITACION JUDICIAL)

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

**NOTICE TO DEFENDANT:  
(AVISO AL DEMANDADO):**

**YOU ARE BEING SUED BY PLAINTIFF:  
(LO ESTÁ DEMANDANDO EL DEMANDANTE):**

**NOTICE!** You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

**¡AVISO!** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), en el Centro de Ayuda de las Cortes de California, ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:  
(El nombre y dirección de la corte es):

CASE NUMBER:  
(Número del Caso):

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:  
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

DATE:  
(Fecha)

Clerk, by \_\_\_\_\_, Deputy  
(Secretario) (Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010)).

[SEAL]

**NOTICE TO THE PERSON SERVED:** You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of (specify):
3. ☐ on behalf of (specify):
 

|  |   |
|--|---|
| under: <input type="checkbox"/> CCP 416.10 (corporation)         | <input type="checkbox"/> CCP 416.60 (minor)             |
| <input type="checkbox"/> CCP 416.20 (defunct corporation)        | <input type="checkbox"/> CCP 416.70 (conservatee)       |
| <input type="checkbox"/> CCP 416.40 (association or partnership) | <input type="checkbox"/> CCP 416.90 (authorized person) |
| <input type="checkbox"/> other (specify):                        |   |
4. ☐ by personal delivery on (date):

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
  - a. ☐ summons
  - b. ☐ complaint
  - c. ☐ Alternative Dispute Resolution (ADR) package
  - d. ☐ Civil Case Cover Sheet (*served in complex cases only*)
  - e. ☐ cross-complaint
  - f. ☐ other (*specify documents*):
3. a. Party served (*specify name of party as shown on documents served*):  
  
b. ☐ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (*specify name and relationship to the party named in item 3a*):
4. Address where the party was served:
5. I served the party (*check proper box*)
  - a. ☐ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (*date*): (2) at (*time*):
  - b. ☐ **by substituted service.** On (*date*): at (*time*): I left the documents listed in item 2 with or in the presence of (*name and title or relationship to person indicated in item 3*):
    - (1) ☐ (**business**) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
    - (2) ☐ (**home**) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
    - (3) ☐ (**physical address unknown**) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
    - (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (*date*): from (*city*): or ☐ a declaration of mailing is attached.
    - (5) ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.



|                       |              |
|-----------------------|--------------|
| PLAINTIFF/PETITIONER: | CASE NUMBER: |
| DEFENDANT/RESPONDENT: |              |

5. c. ☐ **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on *(date)*: (2) from *(city)*:
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (*Attach completed Notice and Acknowledgment of Receipt.*) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ **by other means** (*specify means of service and authorizing code section*):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (*specify*):
- c. ☐ as occupant.
- d. ☐ On behalf of (*specify*):

under the following Code of Civil Procedure section:

- |   |   |
|---|---|
| <input type="checkbox"/> 416.10 (corporation)                     | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation)             | <input type="checkbox"/> 416.60 (minor)                               |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee)                 |
| <input type="checkbox"/> 416.40 (association or partnership)      | <input type="checkbox"/> 416.90 (authorized person)                   |
| <input type="checkbox"/> 416.50 (public entity)                   | <input type="checkbox"/> 415.46 (occupant)                            |
|   | <input type="checkbox"/> other:                                       |

7. **Person who served papers**

- a. Name:
- b. Address:
- c. Telephone number:
- d. **The fee** for service was: \$
- e. I am:
- (1) ☐ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☐ a registered California process server:
- (i) ☐ owner ☐ employee ☐ independent contractor.
- (ii) Registration No.:
- (iii) County:

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

or

9. ☐ **I am a California sheriff or marshal and** I certify that the foregoing is true and correct.

Date:

|   |   |                    |
|---|---|--------------------|
| <hr/> (NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL) |  | <hr/> (SIGNATURE ) |
|---|---|--------------------|