

**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): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S)	
RESPONDENT(S)	
OTHER	
FAMILY LAW CERTIFICATE OF ASSIGNMENT-VENUE DECLARATION	CASE NUMBER

INSTRUCTIONS: In order for the court to assign your case to the proper court location, this venue declaration is required when an individual files a new family law case, including domestic violence cases. For active cases with the Family Support Division (FSD), filed by the Department of Child Support Services, this venue declaration must be submitted with the first papers filed by a party requesting custody or visitation orders after both parents have become parties to the FSD case, or when a party files a request for domestic violence restraining orders.

SANCTIONS: Notice is hereby given that knowingly or purposefully filing a case in the improper venue is good cause for imposing monetary sanctions.

I (*type or print name*), _____, declare that this action is filed in the proper venue within the County of San Diego based on the type of case and the applicable residential Zip Code in accordance with the Code of Civil Procedure §§ 395(a), 402, the California Rules of Court, and the San Diego Superior Court Rules.

(Check one)

- Petitioner resides in the County of San Diego within Zip Code _____
- Respondent resides in the County of San Diego within Zip Code _____
- In the FSD case, the party requesting custody, visitation, or domestic violence restraining orders resides in the County of San Diego within Zip Code _____
- In the FSD case, the other parent resides in the County of San Diego within Zip Code _____
- Other (*specify—include type of case and venue statute*) _____

The Zip Code stated above is within the filing boundaries of the family court location marked below, according to the Zip Code List of the San Diego Superior Court (SDSC Form #ADM-254).

(Check one)

- Central Division (1100 Union St., San Diego, CA 92101)
- East County Division (250 E. Main St., El Cajon, CA 92020)
- North County Division (325 S. Melrose Dr., Vista, CA 92081)
- South County Division (500 3rd Ave., Chula Vista, CA 91910)

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

Date: _____

Signature of Party or Attorney

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

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

Child's name	Birthdate	Currently living with (relationship) / in (county)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

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 <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ EMAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER: _____ <i>(This section applies only to family law cases.)</i> RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF <i>(Name)</i> : _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). *(Provide all requested information for additional children.)*

SHORT TITLE: _____	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 <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
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	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

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

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

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 DECLARANT)

7. Number of pages attached: _____

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), 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), the California Courts Online Self-Help Center (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), 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), en el Centro de Ayuda de las Cortes de California, (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.

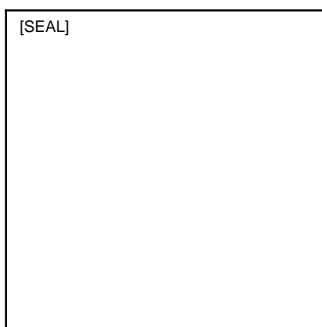
The name and address of the court is:
(El nombre y dirección de la corte es):

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: _____ Clerk, by _____, Deputy
(Fecha) (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)).



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: CCP 416.10 (corporation) CCP 416.60 (minor)
 - CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
 - CCP 416.40 (association or partnership) CCP 416.90 (authorized person)
 - other (specify):
4. by personal delivery on (date):

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ EMAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
PROOF OF SERVICE OF SUMMONS	Ref. No. or File No.:

(Separate proof of service is required for each party served.)

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: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

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:

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	▶	(SIGNATURE)
---	---	-------------