

MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

PETITIONING FOR GRANDPARENTS VISITATION INSTRUCTIONS

ALL FORMS CAN BE TYPED OR PRINTED NEATLY
IN BLACK INK AND SIGNED IN BLUE INK

1. Inside this Petitioning for Grandparents Visitation packet you will find the first couple of pages are sample documents that will teach you how to fill out the actual forms.
2. Whether you can use this packet depends on (1) whether there is a *pending* custody/visitation case filed in this Court, or (2) if there is no *pending* custody/visitation case filed in this Court. If there is a pending (no Judgment) custody/visitation case filed in this Court, you may file for grandparent's rights under Family Code Section 3103 so the Court may determine whether it is in the best interest of the child to grant you visitation. But you cannot use this Packet if there is no pending custody/visitation case – you need to seek legal assistance to determine if another independent type of case can be opened for custody and visitation.
3. If there is a pending (no Judgment) custody/visitation case filed in this Court, you may complete and file a Petition for Joinder, along with a Notice of Motion and Declaration for Joinder (FL-371), as well as the Summons.
4. Before you complete any forms, you will need the case number and party designations (the parent's name and whether they are the Petitioner or the Respondent) for the case you are attempting to join. If you do not know the case number, the kiosks in the Self-Help office enable you to search by name for the case number. Many such case numbers begin with "MFL."
5. Once you have read the sample forms very carefully begin to fill out the actual forms. There is a page that will separate the sample forms from the actual forms so you will know where to begin.
6. Once you have completed filling out all the forms in this packet you must make sure they are all filled out. Make sure you have signed all of your documents in blue ink.
7. Make 3 copies of all your documents and only one copy of the Fee Waiver (if you cannot afford to pay the filing fee, obtain a Fee Waiver Packet from the Civil Clerk). When submitting the documents, each original should be stapled (if more than one page), and placed on top of the copies of the same documents behind it, paper clipped.
8. **FILE YOUR DOCUMENTS WITH THE CIVIL CLERK AT THE COURTHOUSE AT THE CIVIL DIVISION.**
9. Once you receive filed documents back from the clerk and have a court hearing date – notice must be given by sending a copy of each document postage prepaid certified mail, return receipt requested, to both parent's last known addresses, or to the attorneys of record of the parents (parties) in the case (Family Code Section 3103(c)). They must also be sent a BLANK copy of form FL-373, Responsive Declaration To Motion For Joinder/Consent Order of Joinder.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO: [YOUR NAME] [YOUR STREET ADDRESS] [YOUR CITY, STATE & ZIP CODE] ATTORNEY FOR (NAME): IN PRO PER	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 SOUTH G STREET MAILING ADDRESS: 200 SOUTH G STREET CITY AND ZIP CODE: Madera, CA 93637	
PETITIONER/PLAINTIFF: [PUT NAME OF PARENT WHO IS PETITIONER]	
RESPONDENT/DEFENDANT: [PUT NAME OF PARENT WHO IS RESPONDENT]	
CLAIMANT: [PUT YOUR NAME HERE]	
PETITION FOR JOINDER (Custody/Visitation)	CASE NUMBER: [PUT CASE NUMBER ALREADY ON FILE IN MADERA SUPERIOR COURT]

Claimant alleges as follows:

1. Claimant is the (specify relationship) [MATERNAL GRANDPARENT/PATERNAL GRANDPARENT] of the minor child(ren) outlined below:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
[LIST ALL CHILDREN]	[DATE]	[CHILD'S AGE]	[GENDER]
2. Each minor child named in 1 is currently living with the ☐ Petitioner ☐ Respondent [MARK PRIMARY CUSTODIAL PARENT]
☐ Other: _____ in the following county (specify): [MADERA or Other County]
3. Claimant requests that the court grant the following relief:
 - a. ☐ reasonable visitation with the following child(ren) [NAMES OF CHILDREN], as determined by court.
 - b. ☐ custody of the following child(ren) [NAMES IF APPLICABLE] as granting custody to a parent will be detrimental to the child(ren) and that granting custody to the claimant (non-parent) is required to serve the best interest of the child(ren).
 - c. ☐ Other:

 - d. ☐ Such other relief as the court may deem appropriate. [MARK]

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

DATED: _____ [DATE WHEN YOU SIGN] _____ [SIGN IN PEN]

 CLAIMANT

1. TO ☒ Petitioner ☒ Respondent

2. A hearing on this motion for joinder will be held as follows:

a. Date: [Leave blank] Time: [Leave blank] Dept.: [Leave blank] Rm.: [Leave blank]

b. The address of court: ☒ is shown above ☐ is:

c. ☐ Petitioner ☐ Respondent ☒ Claimant will apply to this court for an order joining claimant as a party to this proceeding on the grounds set forth in the Declaration below.

3. The pleading on joinder accompanies this notice of motion.

Dated: [Date YOU Are Going To Sign Below]

[Type Your Name Here]
(TYPE OR PRINT NAME)

[Sign in Blue Ink]
(SIGNATURE)

DECLARATION FOR JOINDER

4. The name of the person to be joined is: **[Print Your Name Here]**

5. Facts showing that each person sought or seeking to be joined possesses or controls or claims to own any property subject to disposition by this court, or that such person has or claims custody, physical control, or visitation rights with respect to any minor child of the marriage, are (specify) :

[State facts here, IN DETAIL, of why you have visitation rights, e.g.; are grandparent, have close bond with grandchild, why visitation is in the child's best interests, whether parent has made any meaningful effort to voluntarily arrange visitation or instead, entirely cut-off visitation, whether one parent consents to the visitation, etc.]

PETITIONER: <i>[Name of Parent Who Is Petitioner]</i>	CASE NUMBER: <i>[Case # Already On File]</i>
RESPONDENT: <i>[Name of Parent Who Is Respondent]</i>	

6. Facts showing that it would be appropriate for this court to determine the particular issue in the proceedings are:

[State Facts Regarding There Is A Child Custody / Visitation Case Pending In This Court And How You Are Related To The Parties And Minor(s) And Why You Are Applying For Visitation]

7. Facts showing that each person sought or seeking to be joined is either indispensable to a determination of the particular issue or necessary to the enforcement of any judgment rendered on the issue are:

[State Facts Here of Why Any Pending Child Custody and Visitation Order Would Not Be Complete Without Your Participation In The Proceedings and That Why Your Grandparent's Right Would Be Prejudiced If You Were Not Included In The Proceedings And Why This Joinder Is The Only Way For You To Protect Your Grandparents Rights and Obtain Visitation and Describe How You Have The Same Interests In Custody and Visitation Of The Children In This Litigation.]

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

Date: *[Date You Sign]*

[Your Name Here]
(TYPE OR PRINT NAME)

► *[You sign in Blue Ink]*
(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

[Your Name Here]
 [Your Street Address Here]
 [Your City, State & Zip Code]

FOR COURT USE ONLY

TELEPHONE NO. (Optional): [Your Telephone #] FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): In Pro Per

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA

STREET ADDRESS: 200 SOUTH G STREET

MAILING ADDRESS 200 SOUTH G STREET

CITY AND ZIP CODE: .

BRANCH NAME: MADERA, CA 93637

MARRIAGE OF

PETITIONER: [Name of Parent Who Is Petitioner]

RESPONDENT: [Name of Parent Who Is Respondent]

CLAIMANT: [Your Name Here]

SUMMONS (JOINDER)

CASE NUMBER:

[Case # Already On File]

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.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your response or pleading, if any, may be filed on time.

¡AVISO! Usted ha sido demandado. El tribunal puede decidir contra Ud. sin audiencia a menos que Ud. responda dentro de 30 días. Lea la información que sigue.

Si Usted desea solicitar el consejo de un abogado en este asunto, debería hacerlo inmediatamente, de esta manera, su respuesta o alegación, si hay alguna, puede ser registrada a tiempo.

1. ☒ TO THE ☒ PETITIONER ☒ RESPONDENT ☐ CLAIMANT

A pleading has been filed under an order joining (name of claimant):

[Your Name Here]

as a party in this proceeding. If you fail to file an appropriate pleading within 30 days of the date this summons is served on you, your default may be entered and the court may enter a judgment containing the relief requested in the pleading, court costs, and such other relief as may be granted by the court, which could result in the garnishment of wages, taking of money or property, or other relief.

2. ☐ TO THE CLAIMANT EMPLOYEE BENEFIT PLAN

A pleading on joinder has been filed under the clerk's order joining (name of employee benefit plan):

as a party claimant in this proceeding. If the employee benefit plan fails to file an appropriate pleading within 30 days of the date this summons is served on it, a default may be entered and the court may enter a judgment containing the relief requested.

Dated:

Clerk, By _____, Deputy

3. NOTICE TO THE PERSON SERVED: You are served

- a. ☒ As an individual.
 b. ☐ As (or on behalf of) the person sued under the fictitious name of:

- c. ☐ On behalf of:

Under: ☐ CCP 416.10 (Corporation)
☐ CCP 416.20 (Defunct Corporation)
☐ CCP 416.40 (Association or Partnership)
☐ Other:

☐ CCP 416.60 (Minor)
☐ CCP 416.70 (Incompetent)
☐ CCP 416.90 (Individual)
☐ FC 2062 (Employee Benefit Plan)

- d. ☐ By personal delivery on (date):

(SEAL)

PROOF OF SERVICE-SUMMONS (JOINDER)
(Use separate proof of service for each person served)

1. I served the
- ☐ **Summons and (1)** ☐ **Request for Joinder of Employee Benefit Plan and Order, Pleading on Joinder-Employee Benefit Plan, blank Notice of Appearance and Response of Employee Benefit Plan**
 - ☒ **Notice of Motion and Declaration for Joinder**
 - ☐ **Order re Joinder**
 - ☒ **Pleading on Joinder (specify title):**
 - ☐ **Other:**
- b. On (name of party or claimant): **[Name Of Parent Served]**
- c. By serving (1) ☒ **Party or claimant.** (2) ☐ **Other (name and title or relationship to person served):**
- d. ☐ By delivery at ☐ home ☐ business (1) Date of:
(2) Time of: (3) Address:
- e. ☒ By mailing (1) Date of: **[Date Mailed]** (2) Place of: **[City, State Mailed From]**
2. Manner of service: (check proper box)
- ☐ **Personal service.** By personally delivering copies. (CCP 415.10)
 - ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(a))
 - ☐ **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
 - ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) **(Attach completed acknowledgment of receipt.)**
 - ☒ **Certified or registered mail service.** By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (CCP 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
 - ☐ **Other (specify code section):**
☐ Additional page is attached.
3. The notice to the person served (item 3 on the copy of the summons served) was completed as follows (CCP 412.30, 415.10 and 474):
- ☒ As an individual.
 - ☐ As the person sued under the fictitious name of:
 - ☐ On behalf of:
Under: ☐ CCP 416.10 (Corporation) ☐ CCP 416.60 (Minor)
☐ CCP 416.20 (Defunct Corporation) ☐ CCP 416.70 (Incompetent)
☐ CCP 416.40 (Association or partnership) ☐ CCP 416.90 (Individual)
☐ FC 2062 (Employee Benefit Plan)
 - ☐ By personal delivery on (date):
4. At the time of service I was at least 18 years of age and not a party to this action.
5. Fee for service: \$
6. Person serving
- ☒ Not a registered California process server.
 - ☐ Registered California process server.
 - ☐ Exempt from registration under Bus. & Prof. Code 22350(b).
 - ☐ California sheriff, marshal, or constable.
 - Name, address, telephone number, and, if applicable, county of registration and number:
[Name of Person (Not You) Who Served The Documents. Plus Their Address and Telephone Number.]

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date): **[Date Person Signs]** at (place): **[City Where Server Signed]**, California.

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct and that this certificate is executed on (date): _____ at (place): _____, California.

[Signature of Person Who Mailed - "Served"]
(Signature)

(Signature)

**ACTUAL
FORMS TO BE
TYPED OR
PRINTED
NEATLY IN
BLACK INK**

FORMS CAN ALSO BE FOUND AT WWW.COURTS.CA.GOV

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
Petitioner: Respondent: Claimant:	
PETITION FOR JOINDER	CASE NUMBER:

Claimant alleges as follows:

1. Claimant is the (Specify relationship): _____ of the minor children(ren) outlined below:

	<u>Child(ren) name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
1.				
2.				
3.				
4.				

2. Each minor child named in number 1 is currently living with the ☐ Petitioner ☐ Respondent ☐ Other: _____
 In the following County (specify): _____

3. Claimant request that the Court grant the following relief:

a. ☐ reasonable visitation with the following child(ren) as determined by the 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

1. TO ☐ Petitioner ☐ Respondent

2. A hearing on this motion for joinder will be held as follows:

a. Date:	Time:	Dept.:	Rm.:
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b. The address of court: ☐ is shown above ☐ is:

c. ☐ Petitioner ☐ Respondent ☐ Claimant will apply to this court for an order joining claimant as a party to this proceeding on the grounds set forth in the Declaration below.

3. The pleading on joinder accompanies this notice of motion.

Dated:

(TYPE OR PRINT NAME)

(SIGNATURE)

DECLARATION FOR JOINDER

4. The name of the person to be joined is:

5. Facts showing that each person sought or seeking to be joined possesses or controls or claims to own any property subject to disposition by this court, or that such person has or claims custody, physical control, or visitation rights with respect to any minor child of the marriage, are (specify) :

PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. Facts showing that it would be appropriate for this court to determine the particular issue in the proceedings are:

7. Facts showing that each person sought or seeking to be joined is either indispensable to a determination of the particular issue or necessary to the enforcement of any judgment rendered on the issue are:

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)

FOR COURT USE ONLY

TELEPHONE NO. (Optional):

FAX NO. (Optional): _____

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): In Pro Per

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA

STREET ADDRESS: SUPERIOR COURT OF CALIFORNIA

MAILING ADDRESS: 200 South G Street

CITY AND ZIP CODE: 200 South G Street

BRANCH NAME: MADERA, CA 93637

MARRIAGE OF

PETITIONER:

RESPONDENT:

CLAIMANT:

SUMMONS (JOINDER)

CASE NUMBER:

www.courtinfo.ca.gov

PROOF OF SERVICE-SUMMONS (JOINDER)
(Use separate proof of service for each person served)

1. I served the
- a. ☐ **Summons and (1) ☐ Request for Joinder of Employee Benefit Plan and Order, Pleading on Joinder-Employee Benefit Plan, blank Notice of Appearance and Response of Employee Benefit Plan**
- (2) ☐ **Notice of Motion and Declaration for Joinder** (3) ☐ **Order re Joinder**
- (4) ☐ **Pleading on Joinder (specify title):**
- (5) ☐ **Other:**
- b. On (name of party or claimant):
- c. By serving (1) ☐ Party or claimant. (2) ☐ Other (name and title or relationship to person served):
- d. ☐ By delivery at ☐ home ☐ business (1) Date of:
(2) Time of: (3) Address:
- e. ☐ By mailing (1) Date of: (2) Place of:
2. Manner of service: (check proper box)
- a. ☐ **Personal service.** By personally delivering copies. (CCP 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(a))
- c. ☐ **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) (Attach completed acknowledgment of receipt.)
- e. ☐ **Certified or registered mail service.** By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (CCP 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. ☐ Other (specify code section):
☐ Additional page is attached.
3. The notice to the person served (item 3 on the copy of the summons served) was completed as follows (CCP 412.30, 415.10 and 474):
- a. ☐ As an individual.
- b. ☐ As the person sued under the fictitious name of:
- c. ☐ On behalf of:
Under: ☐ CCP 416.10 (Corporation) ☐ CCP 416.60 (Minor)
☐ CCP 416.20 (Defunct Corporation) ☐ CCP 416.70 (Incompetent)
☐ CCP 416.40 (Association or partnership) ☐ CCP 416.90 (Individual)
☐ FC 2062 (Employee Benefit Plan)
- d. ☐ By personal delivery on (date):
4. At the time of service I was at least 18 years of age and not a party to this action.
5. Fee for service: \$.....
6. Person serving
- a. ☐ Not a registered California process server.
- b. ☐ Registered California process server.
- c. ☐ Exempt from registration under Bus. & Prof. Code 22350(b).
- d. ☐ California sheriff, marshal, or constable.
- e. Name, address, telephone number, and, if applicable, county of registration and number:

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date): _____ at (place): _____, California.

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct and that this certificate is executed on (date): _____ at (place): _____, California.

(Signature)

(Signature)

1. ☐ Petitioner ☐ Respondent
- a. ☐ Consents to the requested joinder and stipulates to an order joining claimant as a party to this proceeding.
- b. ☐ Does not consent to the requested joinder of claimant as a party to this proceeding.
2. ☐ The statements contained in the declaration for joinder are incorrect or insufficient as follows (*specify*):

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

dated:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSENT ORDER

3. ☐ Petitioner ☐ Respondent having consented and good cause appearing,

IT IS ORDERED that

- a. The claimant is joined as a party to this proceeding.
- b. The clerk file the original of the submitted pleadings.
- c. ☐ *Summons (Joinder)* be issued and claimant be served with a copy of the motion for joinder with pleading attached and a copy of the *Summons (Joinder)*.
- d. ☐ The hearing on the motion for joinder is taken off calendar for *(date)*:

Dated:

JUDICIAL OFFICER

REQUEST FOR INTERPRETER

(Civil)

(For Court Use Only)

CASE INFORMATION:

Case Number(s): _____

Case Name: _____

HEARING INFORMATION:

Hrg. Type: _____

Hrg. Date: _____

Time: _____

Dept.: _____

INTERPRETER(S) NEEDED FOR THE FOLLOWING LANGUAGE:

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Triqui* | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mixteco* | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Zapoteco* | <input type="checkbox"/> ASL | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ |

*Include town of origin for indigenous language: _____

INTERPRETER NEEDED FOR:

☐ Plaintiff/Petitioner

☐ Witness(es) Time Estimate: _____

☐ Defendant/Respondent

REQUESTING PARTY'S INFORMATION:

Name: _____

Phone Number: _____

Email: _____

Interpreter Coordinator Contact Information

Please email this request to:

Interpreter.Madera@madera.courts.ca.gov

(559) 232-0686 – Interpreter Phone

