1	Name								
2	Name: Address:								
3	Phone:								
4	In pro per								
5									
6									
7									
8									
9	SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN								
10									
11) Case No.:								
12	Petitioner(s)								
13									
14) FAMILY LAW CASE (non-parent)								
15	Respondent(s))								
16)) 								
17									
18	Respondent is the parent of the following child(ren) listed below:								
19	Name:, DOB:								
20	Name:, DOB:								
21	Name:, DOB;								
22	Name:, DOB:								
23									
24									
25	2. Respondent states that the Petitioner is the: □ stepparent; □ grandparent; □ former								

leg	gal guardian; family member of the deceased parent (specify)
3.	The Respondent alleges:
	The parents are not married to each other
	There is not an existing family law case in which child custody is already at issue
	Respondent and the Other Parent are married
an	nd living together and neither parent joins in this Petition.
	One of the parents of the above child(ren) is deceased and the children, siblings,
ра	rents, or grandparents of the deceased parent are seeking visitation.
	The mother of the child(ren) is The father of the child(ren) is
	There □ is □ is not currently a court order in the following case:, which grants legal custody as
fol	llows
7.	The child(ren) are currently in the actual physical custody of
	and are currently residing inCA
	Petitioner does / does not have a pre-existing relationship with the children as
	Respondent objects to and alleges it would not be in the child(ren)'s best interest to
gr	ant Petitioner visitation for the following reasons:

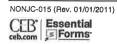
1							
2							
3							
4							
5	10. Visitation with the Petitioner and the child(ren) conflicts with the rights of the						
6	Respondent to exercise his/her parental authority because:						
7							
8							
9							
LO	11. I am requesting the court deny the Petition for Visitation filed on						
11							
12							
L3	I declare under penalty of perjury under the laws of the State of California that the						
L 4							
15	foregoing is true and correct.						
L6							
17	Dated: Respondent:						
L8							
L9							
20							
21							
22							
23							
24							
25							

VERIFICATION

STATE OF CALIFORNIA, COUNTY OF

I have read the foregoing

and know its contents. CHECK APPLICABL	E PARAGRAPHS						
I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.							
I am an Officer a partner of a party to this action, and am authorized to make this verification for and I am informed and believe and on that ground allege that the matter stated in the foregoing document are true of my own knowledge except belief, and as to those matters I believe them to be true.	rs stated in the foregoing document are true. The matters						
I am one of the attorneys for a party to this action. Such party is absent from the county of aforesaid verification for and on behalf of that party for that reason. I am informed stated in the foregoing document are true. Executed on , at	and believe and on that ground allege that the matters						
I declare under penalty of perjury under the laws of the State of Californ	, California. ia that the foregoing is true and correct.						
TYPE OR PRINT NAME PROOF OF SERVICE PROOF OF S	SIGNATURE						
1013a (3) CCP Revised 2	-						
STATE OF CALIFORNIA, COUNTY OF I am employed in the county of I am over the age of 18 and not a party to the within action; my business	, State of California.						
•							
On	, I served the foregoing document described as						
on by placing the true copies thereof enclosed in sealed envelopes add by placing the original a true copy thereof enclosed	in this action dressed as stated on the attached mailing list: in sealed envelopes addressed as follows:						
BY MAIL *I denotited such envelope in the mail at							
*I deposited such envelope in the mail at The envelope was mailed with postage thereon fully prepaid.	, California.						
As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at							
party served, service is presumed invalid if postal cancellation date deposit for mailing in affidavit.	inary course of business. I am aware that on motion of the or postage meter date is more than one day after date of						
Executed on , at	, California.						
**(BY PERSONAL SERVICE) I delivered such envelope by hand to Executed on							
, at (State) I declare under penalty of perjury under the laws of the S	, California.						
(Federal) I declare that I am employed in the office of a member of made.	f the bar of this court at whose direction the service was						
TYPE OR PRINT NAME	SIGNATURE						
	*(BY MAIL SIGNATURE MUST BE OF PERSON DEPOSITING ENVELOPE IN MAIL SLOT, BOX, OR BAG)						
	"*(FOR PERSONAL SERVICE SIGNATURE MUST BE THAT OF MESSENGER)						



					L-103/GC-12
ATTORNEY OR PARTY WITHOUT A	TTORNEY (Name, State Bar number, and add	tress):		FOR COURT USE ON	LY
_					
TELEBUONE NO	F4V.NO. (0. (1.				
TELEPHONE NO.:	FAX NO. (Option	nal):			
E-MAIL ADDRESS (Optional):					
ATTORNEY FOR (Name):	CALIFORNIA, COUNTY OF			-	
STREET ADDRESS:	DALII ORIIA, OCCIVIT CI				
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:				1	
	(This section applies only to family	/ law cases.)		1	
PETITIONER:	, , , , , , , , , , , , , , , , , , , ,			1	
RESPONDENT:					
OTHER PARTY:					
	(This section applies only to guard	lianship cases.)		CASE NUMBER:	
GUARDIANSHIP OF (Name):			Minor		
	TION UNDER UNIFORM CI				
	ION AND ENFORCEMENT		EA)		
	eeding to determine custody of				
My present address	s and the present address of ea	ach child resid	ing with me is o	onfidential under Family Code sec	tion 3429 as
I have indicated in					
3. There are (specify numb				ect to this proceeding, as follows:	
	requested below. The resider	nce information	on must be giv	en for the last FIVE years.)	
a. Child's name		Place of birth		Date of birth	Sex
	T.		-		
Period of residence	Address		Person child lived	with (name and complete current address)	Relationship
to present	Confidential		Confiden		
	Child's residence (City, State)		Person child lived	with (name and complete current address)	
1-					
to	Child's residence (City, State)		Decree 1711	***	
	Child's residence (City, State)		Person child lived	with (name and complete current address)	
to					
	Child's residence (City, State)		Dornon shild lived	with the same and a surelate assured a state of	
	Offind a residence (Only, State)		Person child lived	with (name and complete current address)	
to					
b. Child's name		Place of birth	1,	Date of birth	Sex
		I rado di birti		Date of billi	Sex
Residence information is to	ne same as given above for child a. the information below.)				
			r		
Period of residence	Address		Person child lived	with (name and complete current address)	Relationship
h	Confidential				
to present	Confidential		Confident		
	Child's residence (City, State)		Person child lived	with (name and complete current address)	
4-					
to	Childle residence (Cit. State)				
	Child's residence (City, State)		Person child lived	with (name and complete current address)	
to					
to	Child's residence (City, State)		Paran shild it	with the control of t	
	Offina a residence (City, State)		Person child lived	with (name and complete current address)	
to					
	e information for a child listed ir				
d. 📖 Additional children a	are listed on form <i>FL-105(A)/G</i> (C-120(A).(Prov	ide all requeste	ed information for additional childre	n.) Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California FL-105/GC-120 [Rev. January 1, 2009]

									FL	-105/GC-12	
SHORT TITLE:							CASE	CASE NUMBER:			
4. Do you have informa or custody or visitation Yes No	on proceeding	, in Califo	ornia or elsewh	еге, сс	oncerning	a child sub	bject to	me other capaci this proceeding following inform	ı?	ourt case	
Proceeding Case nur		Court nber (name, state, location,		tion)	Court order or judgment (date)		Name of each child		Your connection to the case	Case stati	
a. 🔲 Family											
b. Guardianship											
c. Other	Other										
Proceeding			Case Number				Сс	Court (name, state, location)			
d. Juvenile Deling Juvenile Depen											
e. Adoption											
5. One or more do and provide the				order	s are now	in effect. ((Attach	a copy of the o	rders if you have	e one	
Court		County		State		Case number (if known)		(if known)	Orders expire (date)		
a. Criminal											
b. 🔲 Family											
c. Juvenile Delinquency/ Juvenile Dependency											
d. Other											
6. Do you know of any p visitation rights with a	erson who is ny child in this	not a par s case?	ty to this procee	L eding v No	who has p (If yes, pi	hysical cur rovide the f	stody (or claims to have	custody of or		
a. Name and address of person			b. Name and address of person				c. Name and address of person				
Has physical custody Claims custody rights			Has physical custody Claims custody rights				Has physical custody Claims custody rights				
Claims visitation rights Name of each child			Name of each child				1	Claims visitation rights Name of each child			
declare under penalty o Date:	f perjury unde	er the law	s of the State o	f Calif	ornia that	the forego	oing is	true and correct.	ļ.		
					· • —						
. Number of pages	PE OR PRINT NA attached:							GNATURE OF DECL	,		
NOTICE TO DECLAR	ANT: You ha	ave a cor	ntinuing duty t	o info	rm this c	ourt if you	obtai	n any informati	on about a cus	tody	

proceeding in a California court or any other court concerning a child subject to this proceeding.

DECLARATION UNDER UNIFORM CHILD CUSTODY

Page 2 of 2 JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

FL-105/GC-120 [Rev. January 1, 2009] CEB Essential

	FL-339
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
	DEPT.:
NOTICE: To serve temporary restraining orders you must use personal service (see for	orm FL-330).
1. I am at least 18 years of age, not a party to this action, and I am a resident of or employ	ed in the county where the mailing took
place.	
2. Museaidenes autominas addusas in	
2. My residence or business address is:	
3. I served a copy of the following documents (specify)	
by enclosing them in an envelope AND	
a. depositing the sealed envelope with the United States Postal Service with the	postage fully prepaid
b. placing the envelope for collection and mailing on the date and at the place she	
business practices. I am readily familiar with this business's practice for collecti	
mailing. On the same day that correspondence is placed for collection and mail	ing and processing correspondence for
mailing. On the same day that correspondence is placed for collection and mail	
business with the United States Postal Service in a sealed envelope with postag	ge fully prepaid.
4. The envelope was addressed and mailed as follows:	
a. Name of person served:	
b. Address:	
b. Addiess.	
a Data mailed:	
c. Date mailed:	
d. Place of mailing (city and state):	
5.	permanent order which included an
address verification declaration. (Declaration Regarding Address Verification—Post	indament Poquest to Modify a Child
Custody, Visitation, or Child Support Order (form FL-334) may be used for this purp	and \
ouslody, visitation, or offile support order (form) L-334) may be used for this purp	ose.)
6. I dealars under papalty of positive under the James of the Older of Outer to deal of the	Constitution of the Consti
I declare under penalty of perjury under the laws of the State of California that the forego	oing is true and correct.
D.4	
Date:	
(TYPE OR PRINT NAME) (SIGNAT	TIDE OF DEDSON COMPLETING THIS FORM
(SIGNA)	URE OF PERSON COMPLETING THIS FORM) Page 1 of 1