

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS):		<i>FOR COURT USE ONLY</i>
EMAIL ADDRESS (Optional):	TELEPHONE NO.:	
ATTORNEY FOR (NAME):	FAX NO. (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS:		CASE NUMBER:
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
GUARDIANSHIP OF:		
HEARING DATE:	TIME:	DEPARTMENT:
VISITATION ORDER		

1. The petition was heard as follows (check boxes c and d to indicate personal presence):

- a. Judge (name): _____
- b. Hearing date: _____ Time: _____ Dept: _____
- c. Petitioner(s) (name): _____
- d. Attorney for Petitioner (name): _____

THE COURT FINDS:

2. Notice

- a. All notices have been given as required by law.
- b. Notice of hearing has been should be dispensed with (names):

3. Visitation by the petitioner(s) is not in the best interest of the minor.

Visitation by the petitioner(s) is in the best interest of the minor, subject to the following limitations:

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THE COURT ORDERS:

4. Parties are ordered to attend mediation at Family Custody Services to determine a visitation schedule. See Attachment 4 for Information Regarding Your Mediation Appointment.

a. Mediation date:

Date: _____ Time: _____

b. Parties are ordered to appear in Court for a review hearing:

Date: _____ Time: _____ Dept: _____

5. Parties are ordered to follow the attached visitation schedule. (See Attachment 5.)

6. Other (*specify*):

Date: _____

Judge of the Superior Court

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Attachment 4
Information Regarding Your Mediation Appointment

Your Mediation Appointment is scheduled for:

Mediation on _____ at _____ a.m./p.m.

The following persons in this guardianship case are ordered to attend:

Name	Relationship to Minor(s)

The Mediation Office is located at 312 E. Cook Street (new building, second floor) in Santa Maria, California. The telephone number is (805) 614-6429. Please do not arrive late to your mediation appointment. Your mediation appointment may last for up to two hours. Please plan your schedule accordingly. **The Court could impose fines for not attending mediation.**

During your appointment, your mediator can help the parties resolve visitation issues that arise during a guardianship. During mediation, visitation is arranged if the guardian(s) and the party requesting visitation come to an agreement.

IMPORTANT NOTES:

- The Court requires that both the guardian and the party requesting visitation attend a class called Parent Education and Co-Parenting Effectively (P.E.A.C.E.) where the mediation process will be explained. The P.E.A.C.E. class is offered every Thursday from 2 p.m. to 4 p.m. The class is held in Building “F”, 312 East Cook Street, Santa Maria, California. Please be punctual. It is not necessary to register before attending the class. For more information, please call (805) 614-6695. **YOU MUST ATTEND THIS CLASS PRIOR TO YOUR MEDIATION APPOINTMENT!**
- Children OVER 6 years of age must attend mediation with the guardian(s), as the mediator will likely interview them. Please bring someone to watch them while the guardian(s) and party requesting visitation are together in mediation. Please DO NOT bring children younger than 6 years of age.
- Please do not bring significant others to the mediation appointment.

For more information, call the Mediation Office at (805) 614-6429.

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Attachment 5
Visitation Schedule

1. (Name) _____ is granted visitation with (name of minor(s)) _____ as set forth in this schedule.

2. Weekends starting (date): _____

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of every month

from _____ at _____ a.m. p.m.
(day of week) *(time)*

to _____ at _____ a.m. p.m.
(day of week) *(time)*

The parties will alternate the fifth weekends, with the
 party with visitation guardian

having the initial fifth weekend, which starts (date): _____.

3. Alternate weekends starting (date): _____

from _____ at _____ a.m. p.m.
(day of week) *(time)*

to _____ at _____ a.m. p.m.
(day of week) *(time)*

4. Weekdays starting (date): _____

from _____ at _____ a.m. p.m.
(day of week) *(time)*

to _____ at _____ a.m. p.m.
(day of week) *(time)*

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5. Other (*specify days and times as well as any additional restrictions*):

6. Until further order of the court (*date*) _____, the party with visitation will have supervised visitation with the minor(s) according to the Supervised Visitation Attachment.

7. Transportation for visitation:

- a. Transportation to the visits will be provided by the party with visitation guardian other (*specify*): _____.
- b. Drop-off of the children will be at (*address*):_____.
- c. Pick-up of the children will be at (*address*):_____.
- d. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- e. During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home while the children go between the car and the home.
- f. Other(*specify*):

8. Travel with children. The party with visitation must have written permission from the guardian or a Court Order to take the children out of the State of California Santa Barbara County.

9. Holiday Schedule. See Children’s Holiday Schedule Attachment.

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CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

Holiday Visitation

The following table shows the holiday visitation schedules. Write "GD" (guardian) or "PV" (Party with visitation) to specify parties years – odd, even, or both ("every year")- and under "Time" specify the starting and ending days and times.

Holiday	Time (from when to when) (Unless otherwise noted, all single day holidays start at ____ a.m. and end at ____ p.m.)	Every Year Guardian/Party with visitation	Even Years Guardian/Party with visitation	Odd Years Guardian/Party with visitation
January 1 (New Years Day)				
Martin Luther King's Birthday (weekend)				
Lincoln's Birthday				
President's Day (weekend)				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
Veteran's Day (weekend)				
Thanksgiving Day				
Thanksgiving weekend				
Winter Break, first half				
Winter Break, second half				
New Year's Eve				
Child's Birthday				
Mother's Birthday				
Father's Birthday				
Breaks for year-round schools				
Summer Break, first half				
Summer Break, second half				

Other (*specify*):

Any three-day weekend not specified above will be spent with the party who would normally have that weekend.

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SUPERVISED VISITATION ATTACHMENT

1. Evidence has been presented in support of a request that the contact of Father Mother Former guardian (name): be supervised based upon allegations of:

- | | |
|--|--|
| <input type="checkbox"/> abduction of child(ren) | <input type="checkbox"/> sexual abuse |
| <input type="checkbox"/> physical abuse | <input type="checkbox"/> domestic violence |
| <input type="checkbox"/> drug abuse | <input type="checkbox"/> alcohol abuse |
| <input type="checkbox"/> neglect | <input type="checkbox"/> other (specify): |

The Father Mother Former guardian disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code Section § 3100, that the best interest of the child(ren) requires that visitation by the Father Mother Former guardian must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. CHILD(REN) TO BE SUPERVISED

Child's Name	Birth Date	Age	Sex

4. TYPE

a. Supervised visitation b. Supervised exchange only Therapeutic visitation

5. SUPERVISED VISITATION PROVIDER

- a. Professional (individual provider or supervised visitation center)
b. Nonprofessional

6. AUTHORIZED SUPERVISED VISITATION PROVIDER

Name:	Address:	Telephone Number:

Any other mutually agreed-upon third party as arranged.

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7. **DURATION AND FREQUENCY OF VISITS** (see Attachment 5, Visitation Schedule for specifics of visitation)

8. **PAYMENT RESPONSIBILITY** Guardian: _____ % Person with Visitation _____ %

9. Party with visitation will contact professional provider or supervised visitation center no later than (date):

10. **THE COURT FURTHER ORDERS:**

Date: _____

Judge of the Superior Court