

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and Address) TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i> - -
SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR STREET ADDRESS: 500 ARGONAUT LANE MAILING ADDRESS: SAME CITY AND ZIP CODE: JACKSON, CA 95642 PHONE: 209-257-2603	
PETITIONER: VS RESPONDENT:	
PETITION FOR JOINDER (Custody/Visitation)	CASE NUMBER:

Claimant alleges as follows:

1. Claimant is the *(specify relationship)* _____ of the minor child(ren) outlined below: Child's name Birthdate Age Sex

2. Each minor child named in 1 is currently living with the Petitioner Respondent
 Other: _____ in the following county *(specify)*: _____.

3. Claimant requests that the court grant the following relief:
 - a. reasonable visitation with the following child(ren) _____, as determined by court.

 - b. custody of the following child(ren) _____, 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.

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

DATED: _____ CLAIMANT