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 IMPERIA 939 W. Main Street El Centro, CA 92243	L		
PETITIONER:			
RESPONDENT:			
RESPONSE TO PETITION FOR GRANDPARENT VISITATIO (Fam. Code Section 3104)	CASE NUMBER:		
Respondent admits, denies and alleges as follows: 1. Petitioner(s) is/are a maternal paternal grand; 2. Respondent is/are a maternal paternal grand; of the following minor child(ren):	•		
Child's Name Birt	thdate Age Gender		
a.			
b.			
c.			
d.			
 3.			
4. The parents of the child(ren) are divorced. A was entered on, in, or other I number	County location, case	٠,	

PETITIONER:	CASE NUMBER:
RESPONDENT:	
 5.	eceased.
(name), (relation	ng with
9. Respondent objects to Petitioner's request because:	t for visitation rights with the minor child(ren)
10. Visitation is not in the best interest of relationship between the Petitioner and the	the children because there is not a preexisting grandchild(ren).
11. A completed Declaration Under Uniform – Judicial Council Form (FL-105) is attach	Child Custody Jurisdiction & Enforcement Actued.
12. PARENTAL OBJECTION TO PETITION VISITATION: I object to the Petition for C	ONER'S REQUEST FOR GRANDPARENT Grandparent Visitation.
Date:	Signature of Parent of Minor Child(ren)
Print N	Name of Parent of Minor Child(ren)
13. Respondent(s) request(s) that the court d such other relief as the court deems just.	eny Petitioner's request for visitation and for
I declare under penalty of perjury, under to foregoing is true and correct, and at, California.	the laws of the State of California, that the d that this declaration was signed
Date:	Signature of Respondent
	Print Name