Grandparent(s) Name(s		out this form.	_	
Mailing Address:				
		phone:		
			<u> </u>	
NOTE: If for any reason you physical address, you must court and the other party ca	still provide a m	ailing address so that the		
IN			THE STATE OF ALA	ASKA
	(City or Town where the C	Court is located	
)		
Plaintiff,				
riairiuir,)		
VS.		,)		
		j ,		
)		
Defendant.)	Casa Na	
)	Case No	
(use this form in	f the parents h	ave filed a divorce or cus	NDPARENT VISITA stody case but do not ha andfather	ve a final order yet)
	3	,		
Child(ren)'s name	Date of birth	Relationship to you	Mother's name	Father's name
☐ The child(ren)'s	father is:	[☐ He is my/our son.	
☐ The child(ren)'s	mother is: _		☐ She is my/our da	ughter.

You must use black ink to fill out this form.

There is clear and convincing evidence that:

-	
-	
-	
	/ we have been having or have tried to have visitation with the child(ren) but the parents have limited the amount of time as described here:
-	
-	
-	
-	
-	The parent(s) limiting visitation with the child(ren) is harmful to them because:
-	
-	
-	
-	
-	
	rould like to visit with the child(ren) as follows (<i>Please provide a visitation schedule</i> ,
ıaır	ng days and times):

You must use black ink to fill out this form.

Grandmother's Signature (In blue ink if possible)				
Subscribed and sworn to or affirmed before me at				
on	Name of City, Town or Village			
Date				
	Notary Public or other person authorized to administer oaths. My commission expires on			
	Grandfather's Signature (In blue ink if possible)			
Subscribed and sworn to or affirmed before	ore me at			
on Date	Name of City, Town or Village			
	Notary Public or other person authorized to administer oaths. My commission expires on			
I certify that on, I □ mailed Visitation and proposed Order to:	d □ hand delivered a copy of the <i>Motion & Affidavit for Grandpa</i>	rent		
□ Opposing Party				
□ Opposing Lawyer				
☐ Attorney General – Child Support Divisio				
Your signature:				