# Instructions for Starting Petition for Custody & Support Of Minor Children

#### WHEN TO USE THIS PACKET

Use this packet if you are married but are not ready to file for a Divorce or Legal Separation or if you are not married to the other parent (where paternity has already been established) and you want to:

- > Obtain Orders for Custody and Visitation
- > Obtain Orders for Support

NOTE: If there is already a Family support Case opened by the Department of Child Support Services, you can get the same orders without filling out these forms. Please speak to an attorney or to the Madera Superior Court's Self-Help Center for other options.

## STEPS IN OBTAINING CUSTODY, VISITATION AND SUPPORT

The forms in this packet can be used to open a case between you and the other parent. Opening the case is the first step in obtaining orders for custody, visitation and support.

The other steps are as follows:

Ask the court for custody, visitation and/or support orders by completing,
 filing and serving a Request for Order packet.

Revised 12/31/2015

#### Continued Instructions for Petition for Custody

#### In Black ink and signed in Blue ink. All forms can be typed or printed neatly

or response cases. Effective (1/1/13) the Confidential Declaration (herein included in this packet) must be filed with any/all family law petition

Upon filing of any petition or response in any family law case, the filing party shall file a confidential information sheet entitled To comply with the new court local rule 5.1.36 Confidential Declaration Sheet:

court order. The Confidential Declaration form is available on the Court's website under the "Forms" link and at the civil window. confidential envelope within the Court's case file and shall not be made available to any parties other than the Court, absent a "Confidential Declaration" to help the Court identify the parties in the case. The confidential information sheet shall be placed in a

out the actual forms. 1. Inside this Petition for Custody packet you will find the first couple of pages are sample documents that will teach you how to fill

sample forms from the actual forms so you will know where to begin. 2. Once you have read the sample forms very carefully begin to fill out the actual forms there is a page that will separate the

filled out. You will also need to make sure you have signed and dated all of the forms in blue ink. Once you have completed filling out all the forms inside this packet you must review them to make sure they are all completely

original behind it paper clipped. making your copies each original form should be stapled (if more than one page), and placed on the top with the copies of each 4. Make only 1 copy of the Request to Waive Court Fees and Order on Court Fee Waiver. Make 2 copies of all other forms. When

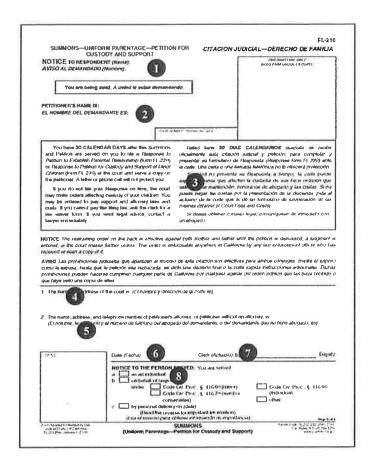
each document and return the copies back to you. Court (the division you purchased this packet from). The Civil Division will file all of your forms and will only keep the original form of 5. Once you are done with making your copies you will file all of your forms at the Civil Division located inside Madera Superior

of 18 other than you personally serve the other party. 6 or 7, print their name, sign and date the Proof of Service of Summons so the Court is aware you did have someone over the age other party, fill out their portion of the Proof of Service of Summons. You need to make sure they answer numbers 2, 3 a., 4, 5 and packet. You can purchase a copy of the blank response packet at the Civil Division. You will then have the person who served the copy of each form filed with the court (excluding the Request and Order to Waiver Court Fees) together with a blank response 6. Have someone over the age of eighteen, other than you; serve the other party/parent by personal service. They will serve a

judge on your court date. RFO has been served. If your paperwork does not order you to go to FCS the court may still order this when you go before the , Madera CA 93637 once the RFO, both parties must make and keep an appointment with FCS located at 200 S. G St. will be included if you are ordered to go on the paperwork. Please read your paperwork. If the address for FCS is included on your on the paperwork to go to Family Court Services (FCS) to schedule an orientation and mediation appointment. The address for FCS and file the form. If a Request for Order (RFO) has been filed including custody and/or visitation as an issue, you may be ordered 7. As soon as the paperwork has been served, make 1 copy of your Proof of Service of Summons and take it to the Civil Division

Division. the Civil Division. If you are doing an uncontested custody agreement you can also purchase the uncontested packet from the Civil Response was not filed you will need to file the next set of forms, which is the Default Packet and you can purchase the packet from to check if the other parent/party has filed their Response. If a Response was filed obtain a copy of it for your records. If a 8. The other party/parent has 30 days from the date they were served to file a Response. On the 31st day, go to the Civil Division

9. For more information or fill out your forms you can go online @ www.courts.ca.gov/selfhelp/ or http://www.icandocs.org/ca/



#### ▶ How to fill out

#### SUMMONS-UNIFORM PARENTAGE-PETITION FOR CUSTODY AND SUPPORT (FL-210)

#### **DIRECTIONS:**

- Find a number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the form
- ▶ Type or print in blue or black ink

- Write the name of the other parent.
- Write your name here.
- 3 There is nothing to write here, but you should READ THIS SECTION CAREFULLY.
- If not filled in for you, write the name and address of the court. The address of the Court is: 200 South G Street.

  Madera CA 93637. The Branch Name is: Civil Division
- Write your name, address, city, state, zip code and telephone number (if you have one).
- O DO NOT WRITE HERE
- DO NOT WRITE HERE
- Theck Box (a) if the other parent is not a minor; check box (b) if the other parent is a minor and check the box labeled "minor"

#### (FL-210) SUPPORT FOR CUSTODY AND **PARENTAGE-PETITION SUMMONS-UNIFORM**

-PAGE TWO-

\*\* SEE NOLE BEFOM\*\*

SHOMMUS—RESTRAINING ORDER—SUMMONS

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STANDARD RESTRAINING ORDER—SUMMONS (Inches) and Bepport

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This order is enforceable enymhere in Celifornia by any law enforcement officer who has received or seen a copy of it

This rectraining order is effective until the judgment is entered, the petition is demissed, or the court melos a further order.

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#### ▶ How to fill out

# PETITION FOR CUSTODY AND SUPPORT (FL-260)

#### **DIRECTIONS:**

- Find a number on the sample form. *Example:*
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in blue or black ink

- n Print your name and address. You may fill in your phone number, email and fax if you want to.
- If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street CA 93637. The Branch Name is: Civil Division.
- 3 Write your name after "Petitioner." Write the other parent's name after "Respondent."
- Theck box 1(a) indicating whether you are the mother or father. Check box 1(b) indicating who the other parent is.
- 3 Check the box that is appropriate in your case and complete any requested information if it applies.
- Write the name, date of birth, age and sex of each child included on this petition. List the oldest child first.
- Custody/Visitation: Legal custody is the right to make legal decisions about the child(ren), such as where they go to school and what doctor they see. These are decisions about the health, welfare and safety of the children.
  - (a) Check "Petitioner" if you want to make the legal decisions, check "Respondent" if you want the other parent to make the legal decisions or "joint" if you want to make these decisions together.
  - Physical custody: Who will the child(ren) primarily live with?
  - (b) Check "Petitioner" if you want the children to live with you, check "Respondent" if you want the children to live with the other parent, or check "joint" if you want to share physical custody of the child(ren).
- Write down what you would like for visitation. You may write down a specific schedule, request supervised visitation or ask for "no visitation". If you request supervised visitation, complete section 5(d) on the next page. If you need additional space, use the attached declaration, form MC-031.

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#### VAD SUPPORT AND SUPPORT PETITION FOR CUSTODY

Page two

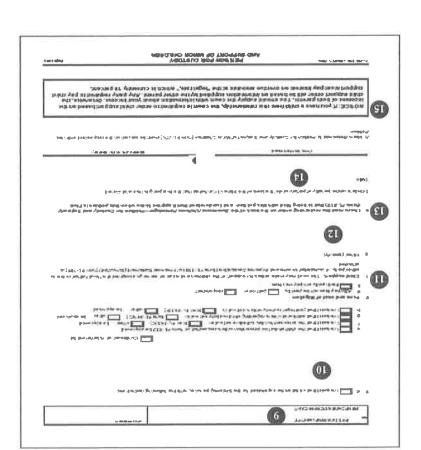
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Example: 💿

♣ Go to the same number below to find out how to fill out the form

▶ Type or print in blue or black ink



- Write your name after "Petitioner" and the other parents name after "Respondent".
- If you requested supervised visitation, write your reason for that request here.
- There is nothing to write here. Read this section.
- If three are other orders you request the court to make, write your request here.
- There is nothing to write here. Read this section.
- Date the form, print your name and sign the document.
- Bead this section.

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## How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY

Jurisdiction and Enforcement Act (FL-105/GC-120)

NOTE: If there are no minor children in your case, you do not need to complete this form.

#### **DIRECTIONS:**

- Find the number on the sample form. Example:
- Go to the same number below to find out how to fill out the blank form.
- Type or print in black or blue ink.
- If you have a CASE NUMBER fill it in. If not known, leave it blank.
- Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
- If not filled in for you, print Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637
- 3 Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
- Leave this box blank.
- 5 If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items 12 & 13.
- 6 Fill in the number of minor children from this relationship (minor children under age 18).
- Tor the oldest child, fill in the first and last name.
- 8 Fill in the city and state where this child was born.
- Fill in the child's date of birth (MM/DD/YY).
- If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.

#### For 11 through 11 give information from now to the past 5 years, working backward:

- 1 The beginning and ending date the child lived at the address (from when to when at that address).
- D For the dates you listed, print the city and state where the child lived.
- Name of person(s) (adult) the child lives or lived with and the physical addresses.
- Relationship means how the adult is related to the child. For example, mother or father.
- If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
- If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

## (EF-102/CC-170) DECLARATION

- Page two -

#### **DIRECTIONS:**

- Example: 18
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- If you have a CASE NUMBER fill it in. If not known, leave it blank.

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- If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
- If you check yes, mark the box next to the type of other case; the case number; the court's name, county, and state.

  Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- If there is no current protective order (a restraining order) in effect, skip to ... Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).

  If you checked this box, mark the box that describes the tyne of court that cash and either and either the corder and either the corder.
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- If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step [3].

  If the child(ren) is/are not living with one of the parents (either or mother) and that other nerson thinks she
- If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this
- Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- If you are going to attach any additional pages to give more information, print the number of pages that will follow this

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# How to fill out the attachment to DECLARATION UNDER UNIFORM CHILD CUSTODY

Jurisdiction and Enforcement Act (FL-105(A)/GC-120(A)

NOTE: Use this form only if you have more than two minor children in your case.

#### **DIRECTIONS:**

- Find the number on the sample form. Example:
- Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

Use this page if there are more than 2 children from **this** relationship. Fill out the same way you did for the first two children. Ask for more forms if needed.

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RESPONDENT/DEFENDANT.	
INCOME AND EXPENSE DECLARATION	CASE NUMBER
INCOME AND EXPENSE DECLARATION	
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How to fill out

INCOME AND EXPENSE DECLARATION (FL-150)

#### DIRECTIONS

- ♦ Find the number on the sample form Example: 

  ①
- ♦ Go to the same number below to Find out how to fill out the form.
- ♦ Type or print in blue or black ink.
- ♦ If you know the CASE NUMBER fill it in. If not leave it blank.

- Print your name, address and phone number.
- If not filled in for you write the Court's address. Write Madera after COUNTY OF. The address is 200 South G
  St1 Madera CA 93637 . The branch name is; Civil Division
- Fill in the names of the Petitioner and Respondent. (The Petitioner is the person that started the case.)
- Fill in information about your job. If you don't have a job, fill in information about your last job. If you have more than one job, use another sheet of paper wand write the information requested for each additional job.
  - Fill in the employer information and your occupation. Example: Driver
  - Fill in the date your job started (e). If you're unemployed write the date your job ended (f).
  - Fill in how many hours you work (g) and how much you are paid before taxes are taken out (h).
  - Be sure to include copies of our pay stubs for the last two months. Use a dark marker to cross out your Social Security number.
- Fill in your age and education information.
- 6 Fill in your tax information.
- Write the total amount the other person in this case makes in a month, before taxes, and explain how you know this.
- 3 Date, print your name on the left and sign on the right.

# DECLARATION EXPENSE INCOME AND

-page two-

#### DIKECTIONS

- ♦ Find the number on the sample form
- ♦ Go to the same number below to Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ♦ If you know the CASE NUMBER fill it in. If not leave it blank.

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- Print the first and last names of petitioner (person who started the case) and the respondent. Write case number. Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.
- This area has to do with your income. Review letters (a) thru (l). Write how much money you are paid each month in the "last month" column on the right. To get your "average monthly" add up your income for the last 12
- months and divide by 12.

  If you have investment income list the monthly income and average monthly income you receive.
- Fill out this section if you are self-employed (own a business). Include a "profit and loss statement" for each business or a Schedule C from your last federal tax return.
- Check #8 "Additional Income" if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."

  Check #9 "Change in Income" if the amount of money you normally receive has changed in the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- Fill in the amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (g) you must write an explanation on a separate page labeled "Question 10g."
- List your assets (accounts, stocks and bonds, property, etc.) Write the total value (worth) for each line listed.

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Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses
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b. c. d	3		90	Yes   No   No   Yes   Yes   No   Yes   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes   Yes
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#### INCOME AND EXPENSE DECLARATION (FL-150)

-page three-

#### DIRECTIONS

- ♦ Find the number on the sample form Example: ⓐ
- ♦ Go to the same number below to Find out how to fill out the form.
- ♦ Type or print in blue or black ink.
- ♦ If you know the CASE NUMBER fill it in. If not leave it blank.

- Write the name of the petitioner and the name of the respondent.
- ② Give information about all persons who live with you.
  - Write their names, ages and how they are related to you (parent, child, other relative, friend).
  - Write down each person's monthly income, before taxes, and check the "yes" or "no" box if this person pays some of the living expenses.
- Average monthly expenses, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check the third box only if you expect these to be your expenses each month.
  - Review (a) through (o) and list the expense (how much it will cost) each month for each area.
  - (p) List the total amount you pay each month for the items you list on #14-Installment payments.
  - (r) List your total expenses from #13 and #14.
- List your monthly installments payments and debts. These include any monthly payments you have that are not above. They could include car payments, credit card payments, loans, etc.
  - First column: fill in the name of the creditor (who gets the payment). Example: Bank of XYZ.
  - Second column: describe what the payment is for.
  - Third column: amount of last payment
  - Fourth column: total amount you still owe
  - · Date of your last payment
- If you are represented by an attorney and are requesting the other party pay some or all of your attorney fees complete this section. If you do not have an attorney and have not paid any attorney fees leave this section blank.
- Do not fill out this section. Skip to the next page.

# DECLARATION EXPENSE INCOME AND

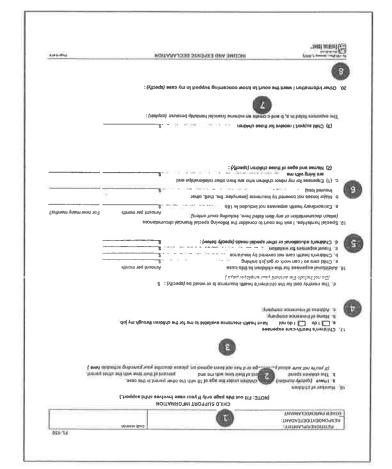
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#### DIKECTIONS

- Example: 

  Example:
- ◆ Go to the same number below to
- Find out how to fill out the form.

  Type or print in blue or black ink.
- ♦ If you know the CASE NUMBER.
  fill it in. If not leave it blank.



- Print the first and last names of petitioner (person who started the case) and the respondent. Write the case number.

  Fill out the rest of this page only if your case involves child support.
- Fill in the number of children you have with the other parent that are under age 18.

   Estimate the amount of time the children are with you and with the other parent. Example: "The children are with
- me 30% of the time and with the other parent 70% of the time."

   If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the
- children. 

  Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance DO NOT include costs already paid by your job.
- Eill in monthly amounts that apply to you regarding: (a) child care, (b) uncovered health care for the children, (c) travel expenses for visitation or (d) children's education or special needs. Describe expenses needed for (d).
- List any "special hardships" (things that make daily living hard.)
- Complete (a) or (b) if they apply to you.
- Complete (c) 1-3 if you have children from another relationship living with you.
- If you filled out anything under Special Hardships explain why they create an extreme hardship for you.
- In this space you may write other information you want the court to know about your case.

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How to fill out

#### PROOF OF SERVICE OF SUMMONS (FL-115)

#### **DIRECTIONS**

- Find the number on the sample form.
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- Fill in the CASE NUMBER.

- Write your name and address. You may write your phone, e-mail address and fax number.
- Write Madera after COUNTY OF. The address is 200 South G Street Madera CA 93637.
  The Branch Name is: Civil Division.
- Write the full names (first, middle, last) both of the parties. You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started the case against you.
- Check the box that applies to the forms you are preparing. Check "Family Law" if you are filing a divorce or legal separation. Check the box "Uniform Parentage" if you are filing a Petition to establish parental relationship. Check the box "Petition to establish Custody and Support of minor children" if you are married or unmarried and only requesting custody/visitation/support orders.
- (5) Check the boxes of the forms that you are serving on the other party. If children are involved in this case, mark the box e(1). If there are additional forms, mark the appropriate boxes or write the form names under "Other".

The rest of this form is filled out by the person who serves the party for you. You can't serve the other party yourself. Someone who is over the age of 18 must PERSONALLY serve the other party. That person will complete the rest of this PROOF OF SERVICE.

- Write the address where the Respondent was served.
- If you were able to have the Respondent personally served, check the box for "Personal Service". The person that served your papers on the other parent will write in the date and time s/he served the papers. If they were unable to serve the papers personally, but tried on at least 3 different dates and times, and were able to give them to another adult at that address, check "Substitute Service" and check boxes (1) or (2).

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DIKECTIONS

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- Write the name of the Petitioner and the Respondent.
- If the Respondent was served by "Substitute Service", write in the date and time the papers were left with a responsible adult at the Respondent's home or business. (You must then mail a copy of the same papers addressed to the Respondent at the home or business described).
- If the Respondent agrees to accept the papers, they may be mailed to the respondent with a "Notice and Acknowledgment of Receipt" form FL-117, which much be signed and returned to the court for filing. Check box 3(c), fill in the date and place, example: Fresno, and then check (1).
- If the respondent lives out of State the forms may be mailed registered or certified mail, with return receipt. The return receipt must be signed by the respondent and you must submit the signed and dated card with this form.
- Check box 4(a), Unless the respondent is: a Minor, Ward of the Court, Conservator or other. If so check the appropriate box.
- Write in the name, address and phone number of the person who gave the papers to the Respondent.
- If the person who delivered the papers is not a sheriff or registered process server, check box 5b and 6.
- Mark box 6.

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The person who served the papers will date, print and sign his name.

ACTUAL FORMS TO FILL OUT, PLEASE TYPE OR PRINT NEATLY IN BLACK INK

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Addre TELEPHOHE NO:	ess):	FOR COURT USE ONLY  NOTICE TO CLERK  Place in confidential  part of the court file.
ATTORNEY FOR (NAME):		
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF MADERA	
STREET ADDRESS: 200 South G Street		
MAILING ADDRES: 200 South G Street		
CITY AND ZIP CODE: MADERA, CA 93637		
PETITIONER/PLAINTIFF:		
DECRONDENT/DEFENDANT.		
RESPONDENT/DEFENDANT:		
CONFIDENTIAL DECLARAT	ION	CASE NUMBER:
CONTIDENTIAL DECEARAT	1011	
You are required to complete this Confidential Declar You are required to provide the social security number will be kept in a confidential part of the court file and After you have completed this form, you may redact any future document or other written material filed we You may not redact or change any previously filed document.	ers for yourself and your spo may not be disclosed witho t (block or cross out) any so vith the court.	ouse on this form if you know them. This form ut good cause shown to the court.  Ocial security number listed on this form from
Tou may not reduct of change any previously med do	cuments without a court of	
Petitioner (name): Address:		<del></del>
	ocial Security Number:	<del></del>
Date of Billing	river's License:	
☐ Female ☐ Male ☐ Need Interpreter (if	f so, what language?	
Respondent (name): Address:		
Alia (if any):	ocial Security Number:	
☐ Female ☐ Male ☐ Need Interpreter (in		
I declare under penalty of perjury under the correct.	e laws of the State of Ca	alifornia that the foregoing is true and
Date:		
(Type or Print Your Name)		(Sign Your Name)

#### SUMMONS

### (Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name): AVISO AL DEMANDADO (Nombre): CITACIÓN (Paternidad—Custodia y Manutención)

FOR COURT USE ONLY (SOLO PARA USO DE LA CORTE)

You have been sued. Read the information below and on the next page. Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

El nombre del demandante:

CASE NUMBER: (Número de caso)

You have 30 calendar days after this Summons and Petition are served on you to file a Response (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene 30 dias de calendario después de habir recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

If you do not file your Response on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

AVISO: La órden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de Califomia.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

- 1. The name and address of the court are: (El nombre y dirección de la corte son:) Superior Court of California 200 South G Street Madera, CA 93637 **Civil Division**
- 2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son;)

Date (Fecha):	Date i	(Fecha,	):[
---------------	--------	---------	-----

Clerk, by (Secretario, por) =

, Deputy (Asistente)

Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California FL-210 [Rev. January 1, 2015]

#### STANDARD RESTRAINING ORDER

(Parentage—Custody and Support)

## ORDEN DE RESTRICCIÓN ESTÁNDAR (Paternidad—Custodia y Manutención)

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.

Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despida la petición o la corte de otras órdenes.

Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.

NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO ——ACCESO A SEGURA DE SALUD MÁS ECONOMICO Necessita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es asi, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.



ì				FL-260
-	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
- 1				
- [	TELEPHONE NO (Octional):			
-1	TELEPHONE NO. (Optional): FAX NO. (Optional):  E-MAIL ADDRESS (Optional):			
1	ATTORNEY FOR (Name): In Pro Per			
ł	SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera	4		
	STREET ADDRESS: 200 South G Street			
	MAILING ADDRESS: Same			
	CITY AND ZIP CODE: Madera, CA 93637			
	BRANCH NAME: Civil Division			
	PETITIONER:			
	RESPONDENT:			
1	DETITION FOR CUSTORY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:		
	PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN			
	NOTICE: This action will not terminate a marriage or establish a par	ental relations!	nin	
_	The second of th	Cital Iciations	iip.	
4	lucio di ette e ferra la trata di constanti			
1.	. Jurisdiction for bringing action			
	a. Petitioner is the mother father of the minor children.			
	b. Respondent is the  mother  father of the minor children.			
2	a. Petitioner is married to the respondent, and no action is pending in any court for disso	alutiam tamata		
_	b. Petitioner and respondent have signed a <i>Voluntary Declaration of Paternity</i> regarding	Julion, legal sep	baration, or nullity.	
	regarding the children has been filed in any other court. (Attach a copy of declaration)	g use minor chiio	iren, and no action	
	c. Petitioner and respondent are not married and have legally adopted a child together.			
	d. Petitioner and respondent have been determined to be the parents in juvenile or gove	ernmental child	support case	
	number	minerial criid s	support case	
	County State Country (if not the Uni	ited States)		
	otatooutling (il not the one			
3.	The following minor children are the subject of this action:			
	Child's name	Age	Sex	
_	A 14.18 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		tinued on Attachmer	nt 3.
4.	A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UC	CJEA)(form FL-	105) is attached.	
5	Child quotody and violation because the fell of			
Э.	Child custody and visitation. I request the following orders:			
	Petitioner Respondent	Joint	Other	
	a. Legal custody of children to		<b>_</b>	
	b. Physical custody of children to		<b>_</b>	
	c. Visitation of children with:			
	(1) The proposed schedule for visitation is as follows:			
	See the attached form FL-311, Child Custody and Visitation Attachment.			

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
5. d.	restrictions:
	other be approved.
6. Fees and cost of litigation  a. Attorney fees will be paid by petitioner respondent.  b. Each party will pay own fees.	
<ol> <li>Child support. The court may make orders for support of the children and issue an earnin either party. A completed Income and Expense Declaration (form FL-150) or Financial Stat attached.</li> </ol>	
B. Other (specify):	
9. I have read the restraining order on the back of the Summons (Uniform Parentage-Po (form FL-210) that is being filed with this petition, and I understand that it applies to declare under penalty of perjury under the laws of the State of California that the foregoing i	me when this petition is filed.
Date:	
(TYPE OR DDINIT MAME)	(SIGNATURE OF PETITIONER)
(TYPE OR PRINT NAME)  A blank Response to Petition for Custody and Support of Minor Children (form FL-270) must be Petition.	,
NOTICE: If you have a child from this relationship, the court is required to order chilincomes of both parents. You should supply the court with information about your in child support order will be based on information supplied by the other parent. Any p support must pay interest on overdue amounts at the "legal rate," which is currently	ncome. Otherwise, the party required to pay child

						FL	-105/GC-12
ATTORNEY OR PARTY WITHOUT	ATTORNEY (Name, State Bar number, and add	ress):			FOR COURT USE OF	VLY	
TELEPHONE NO.:	FAX NO.(Option	al):		1			
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro	Per						
		Madera					
1	South G Street						
MAILING ADDRESS: Same	9						
CITY AND ZIP CODE: Made							
BRANCH NAME: Civil	Division						
DETITIONED	(This section applies only to family	law cases.)					
PETITIONER:				l			
RESPONDENT: OTHER PARTY:							
OTHER TARKET.	(This section applies only to guard	ianshin cases )		CASE NUM	ARED:		
GUARDIANSHIP OF (Name):	(The could applied they to guaran	anomp dades,	Minor	CAGE NON	IDEN.		
DECLARA	TION UNDER UNIFORM CH	HILD CUSTO		1			
	TION AND ENFORCEMENT		EA)				
	eeding to determine custody of						
	s and the present address of ea	ach child residi	ing with me is c	onfident	ial under Family Code se	ction	1 3429 as
I have indicated in 3. There are (specify numb		main an abildus.					
	er). requested below. The resider	minor childrer	n wno are subje	on for th	proceeding, as follows:		
a. Child's name	requested below. The resider	Place of birth	ni must be giv	en ioi u	Date of birth		Sex
		T lace of birtin			Date of birth		Sex
Period of residence	Address		Person child lived	with (name	and complete current address)		Relationship
to present	Confidential		Confiden	tial			
	Child's residence (City, State)	THE.			and complete current address)		
to							
	Child's residence (City, State)		Person child lived	with (name	and complete current address)	15	
to							
	Child's residence (City, State)		Person child lived	with (name	and complete current address)		
				•			
to							
b. Child's name		Place of birth			Date of birth	1	Sex
Posidones information is t	he name as along about for shild a					-	
	he same as given above for child a. the information below.)						
Period of residence	Address		Person child lived v	vith <i>(name</i>	and complete current address)		Relationship
to propert	Confidential		Confident	اءا			
to present	Confidential Child's residence (City, State)		Confident		and complete current address)		
	Cilia's residence (City, State)		Person child lived	with ( <i>name</i>	and complete current address)		
to							
	Child's residence (City, State)		Person child lived	with (name	and complete current address)		
to							
	Child's residence (City, State)		Person child lived	with (name	and complete current address)		
		i					
to							
	e information for a child listed in						
u. i - • Additional children :	are listed on form FL-105(AV/GC	:-120/A1/Prov	una all manuacta	d inform	ation for additional childre	an I	

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

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

Martin Dean's

ESENTIAL FORMS\*\*

FL-105(A)/GC-120(A)

	1 E-105(A)/00-125(A
CASE NAME:	CASE NUMBER:
-	

#### **ATTACHMENT TO** DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Child's name		Place of birth	ace of birth Date of birth		Sex
Residence information is the same a FL-105/GC-120 for child a. (If NOT information below.)	as given on form the same, provide the				
Period of residence	Present address	Person child lived with (name and co	omplete current address)	Relation	nship
to present	Confidential	Confidential			
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to				-	
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to					
Child's name		Place of birth	Date of birth		Sex
Residence information is the same a FL-105/GC-120 for child a. (If NOT information below.)	as given on form the same, provide the		ı		
Period of residence	Address	Person child lived with (name and co	omplete current address)	Relation	nship
to present	Confidential	Confidential			
	Child's residence (City, State)	Person child lived with (name and co	omplete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and c	omplete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and c	omplete current address)		
to					
Child's name		Place of birth	Date of birth		Sex
Residence information is the same a FL-105/GC-120 for child a. (If NOT information below.)	as given on form the same, provide the				
Period of residence	Address	Person child lived with (name and c	omplete current address)	Relatio	nship
		G G			
to present	Confidential	Confidential			
	Child's residence (City, State)	Person child lived with (name and c	omplete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and c	omplete current address)		
to					
	Child's residence (City, State)	Person child lived with (name and c	omplete current address)		
to					

Form Adopted for Mandatory Use Judicial Council of California FL-105(A)/GC-120(A) [New January 1, 2009]

Mortin Dean's ESSENTIAL FORMS™



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
<u></u>	
× ×	
TELEPHONE NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA	
STREET ADDRESS: 200 South G Street	
MAILING ADDRESS: SAME	
CITY AND ZIP CODE: MADERA CA 93637	
BRANCH NAME: PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	
	CASE NUMBER:
INCOME AND EXPENSE DECLARATION	
<ol> <li>Employment (Give information on your current job or, if you're unemployed, your most re</li> </ol>	ecent job.)
1	
of your pay b. Employer's address: stubs for last c. Employer's phone number:	
two months d. Occupation:	
(black out e. Date job started:	
social f. If unemployed, date job ended:	
security g. I work about hours per week.	
numbers). h. I get paid \$ gross (before taxes)	r month  per week  per hour.
(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the sa	me information as above for your other
iobs. Write "Question 1 - Other Jobs" at the top.)	
Jobs. Wife Question 1 - Other Jobs at the top.	
2. Age and education	
a. My age is (specify):	
b. I have completed high school or the equivalent: Yes No If no, highest gra	de completed (specify):
c. Number of years of college completed (specify):	
	s) obtained (specify):
e. I have: professional/occupational license(s) (specify):	
vocational training (specify):	
3. Tax information	
<ul> <li>a.  last filed taxes for tax year (specify year):</li> <li>b. My tax filing status is  single  head of household  married, filing</li> </ul>	ı senarately
b. My tax filing status is single head of household married, filing married, filing married, filing married, filing	Goparatory
c. I file state tax returns in California other (specify state):	
d. I claim the following number of exemptions (including myself) on my taxes(specify):	
	the in this case of force if the C
4. Other party's income. I estimate the gross monthly income (before taxes) of the other party.	arty in this case at (specify): \$
This estimate is based on (explain):	
(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-ind	h sheet of paper and write the
question number before your answer.)  Number of pages attached:	The state of paper and the state are
question number before your answer.	
I have an income that the information	contained on all pages of this form and
I declare under penalty of perjury under the laws of the State of California that the information	Contained on all pages of this form and
any attachments is true and correct.	
Date:	
k.	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	Page 1 of 4

			FL-15
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
	SPONDENT/DEFENDANT:		
ОТН	ER PARENT/CLAIMANT:		
	h copies of your pay stubs for the last two months and proof of any other income. turn to the court hearing. (Black out your social security number on the pay stub		federal
а	ncome (For average monthly, add up all the income you received in each category in the nd divide the total by 12.)  . Salary or wages (gross, before taxes)	Last month	Average monthly
	Overtime (gross, before taxes)		
	. Commissions or bonuses		
	. Public assistance (for example: TANF, SSI, GA/GR) currently receiving		
	. Spousal support from this marriage from a different marriage		
	Partner support from this domestic partnership from a different domestic p		
g	. Pension/retirement fund payments	<b>\$</b>	·
	. Social security retirement (not SSI)		
i.	Disability:  Social security (not SSI)  State disability (SDI)  Private	insurance. \$	
-	Unemployment compensation		
	. Workers' compensation		
١.	Other (military BAQ, royalty payments, etc.) (specify):	, <u>\$</u>	-
	nvestment income (Attach a schedule showing gross receipts less cash expenses for e		
	. Rental property income		
	. Trust income		
d	. Other (specify):	\$	
7 li	ncome from self-employment, after business expenses for all businesses	\$	
	am the owner/sole proprietor business partner other (specify):	,	
	lumber of years in this business (specify):		
N	lame of business (specify):		
	ype of business (specify):		
	Attach a profit and loss statement for the last two years or a Schedule C from your		-
	ocial security number. If you have more than one business, provide the informatio	•	
B. L	Additional income. I received one-time money (lottery winnings, inheritance, etc.) in amount):	the last 12 months (specify s	source and
9.	Change in income. My financial situation has changed significantly over the last 12	months because (specify):	
10 г	Deductions	1 s	ıst month
	. Required union dues		et month
	Required retirement payments (not social security, FICA, 401(k), or IRA)		
c			
	I. Child support that I pay for children from other relationships		
e	e. Spousal support that I pay by court order from a different marriage		
f			
9	. Necessary job-related expenses not reimbursed by my employer (attach explanation l	abeled "Question 10g")\$_	-
	Assets		tal
8	Cash and checking accounts, savings, credit union, money market, and other deposit     Stocks bonds and other assets I could easily sell	accounts\$_	
- F	NINCKE DONGE AND OTHER ACCOUNT COULD BACILLY COLL	2	

c. All other property, real and personal (estimate fair market value minus the debts you owe)

	PETITIONER/PLAINTIFF:			CASE NUMBER:		
_	ESPONDENT/DEFENDANT:					
	HER PARENT/CLAIMANT:					
	The following people live with me:					
1	Name	Age		That person's gross	Pays some of the	
-	).		related to me? (ex: son)	monthly income	household expenses?	
	a. D.				Yes No	
					Yes No	
0	1.		1		Yes No	
E	).				Yes No	
13.	Average monthly expenses	imated e	expenses	ses Proposed ne	eds	
	a. Home:			cleaning		
	(1) Rent or mortgage	\$				
	If mortgage:		i. Clothes		\$	
			j. Education		\$	
	(b) average interest: \$		k Entertainmen	t, gifts, and vacation	\$	
	(2) Real property taxes	\$		· <del>-</del>		
	(3) Homeowner's or renter's insurance		i. Auto expense	es and transportation as, repairs, bus, etc.)	¢	
	(if not included above)	\$			<del>.</del>	
	(1.1101.1101.000.000)	7	•	e, accident, etc.; do not		
	(4) Maintenance and repair	\$	include auto,	home, or health insurance	e) \$	
1	b. Health-care costs not paid by insurance	n. Savings and investr		investments	\$	
	Tradition of the parally modification	-	o. Charitable co	ntributions	\$	
	c. Child care				S	
,	c. Crilla care	₩	1	v in 14 and insert total he	re) \$	
	d. Groceries and household supplies	\$				
			q. Other (specif)	/):	\$	
•	e. Eating out	\$				
	E Utilities (gas electric water treeh)	d <sup>a</sup>		ENSES (a-q) (do not add i	n \$	
	f. Utilities (gas, electric, water, trash)	Φ	the amounts i	in a(1)(a) and (b))		
9	g. Telephone, cell phone, and e-mail	\$	s. Amount of ex	xpenses paid by others	\$	
	nstallment payments and debts not listed					
Τ. Γ	Paid to For	above	Amount	Balance	Date of last payment	
-	7 414 (5		\$	\$	Date of last payment	
			\$	\$		
			\$	\$		
-			\$	\$		
F			\$	\$  \$		
L				Ψ		
	Attorney fees (This is required if either party	-				
	<ul> <li>To date, I have paid my attorney this amount.</li> <li>The source of this money was (specify):</li> </ul>	unt for f	ees and costs(specity): \$			
	<ul><li>i. I still owe the following fees and costs to</li></ul>	mv attori	nev (specify total owed): \$			
	I. My attorney's hourly rate is (specify): \$	ny atton	noy (opoony total orros). W			
	irm this fee arrangement.					
COIII	iini ano lee arrangement.					
ate:						
	(TYPE OF BRIDE MANE OF ATTORNEY)		>	(CIONATURE OF ATTORNE		
	(TYPE OR PRINT NAME OF ATTORNEY)			(SIGNATURE OF ATTORNE	31)	

			FL-150
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
	SPONDENT/DEFENDANT:		
ОТ	HER PARENT/CLAIMANT:		
	CHILD SUPPORT INFORMAT		
	(NOTE: Fill out this page only if your case inv	olves child support.)	
16.	Number of children		
	a. I have (specify number): children under the age of 18 with the other		h
	b. The children spend percent of their time with me and percent (If you're not sure about percentage or it has not been agreed on, please des	ent of their time with the ot	
	(If you're not sure about percentage of it has not been agreed on, picase det	some your parenting some	<i>auto 11010.)</i>
17	Children's health-care expenses		
	a. I do I do not have health insurance available to me for the ch	nildren through my job.	
	b. Name of insurance company:	0 ,,	
	c. Address of insurance company:		
	d. The monthly cost for the children's health insurance is or would be (specify)	: \$	
	(Do not include the amount your employer pays.)		
18. <i>A</i>	Additional expenses for the children in this case	Amount per month	
	a. Child care so I can work or get job training	\$	
	o. Children's health care not covered by insurance		
	c. Travel expenses for visitation		
C	Children's educational or other special needs (specify below):	Ъ	
	Special hardships, I ask the court to consider the following special financial circ	cumstances	
(	attach documentation of any item listed here, including court orders):	Amount per month	For how many months?
6	a. Extraordinary health expenses not included in 18b	-	_ :
ŀ	Major losses not covered by insurance (examples: fire, theft, other		
	insured loss)	\$	
	c. (1) Expenses for my minor children who are from other relationships and		
	are living with me	\$	
	(2) Names and ages of those children (specify):	W.W.A.	
	,t		
		Φ.	
	(3) Child support I receive for those children		<del></del>
-	The expenses listed in a, b and c create an extreme financial hardship because	(explain):	



20. Other information I want the court to know concerning support in my case (specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (Name): In Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera	
STREET ADDRESS: 200 South G Street	
MAILING ADDRESS: Same	
city and zip code: Madera, CA 93637  Branch name: Civil Division	
PETITIONER:	
TETHIONEK.	
RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:
1. At the time of service I was at least 18 years of age and not a party to this action. I served	
a. Family Law—Marriage/Domestic Partnership: Petition—Marriage/Domestic Partnership: Petition—Marriage/Domestic Partnership: (form: 51,420)	ership (form <u>FL-100</u> ), <i>Summons</i> (form
FL-110), and blank Response—Marriage/Domestic Partnership (form FL-120)	
b. Uniform Parentage: Petition to Establish Parental Relationship (form FL-200), Sun	nmons (form FL-210), and blank
Response to Petition to Establish Parental Relationship (form FL-220)	,
-or-	
c. Custody and Support: Petition for Custody and Support of Minor Children (form FL	
blank Response to Petition for Custody and Support of Minor Children (form FL-27	<u>70</u> )
and  (1) Completed and blank Declaration Under (5) Completed a	nd blank Financial Statement
<del>_ `` _ `</del> ·	form <u>FL-155</u> )
Enforcement Act (form FL-105) (6) Completed a	-
, <del></del> , , ,	form <u>FL-160</u> )
Disclosure (form FL-140) (7) Request for	<i>Order</i> (form <u>FL-300</u> ), and blank
	Declaration to Request for Order (form
and Debts (form <u>FL-142</u> ) <u>FL-320</u> )	
(4) Completed and blank <i>Income and</i> (8) Other (special	fy):
Expense Declaration (form <u>FL-150</u> )	
2. Address where respondent was served:	
- Audioso Misio Posponius III vado sontour	
3. I served the respondent by the following means (check proper boxes):	
a. Personal service. I personally delivered the copies to the respondent (Code Civ.	Proc., § 415.10)
on (date): at (time):	
<ul> <li>b. Substituted service. I left the copies with or in the presence of (name):</li> <li>who is (specify title or relationship to respondent):</li> </ul>	
(1) Business) a person at least 18 years of age who was apparently in cha	arge at the office or usual place of
business of the respondent. I informed him or her of the general nature of	
(2) (Home) a competent member of the household (at least 18 years of age	
informed him or her of the general nature of the papers.	
on (date):	
I thereafter mailed additional copies (by first class, postage prepaid) to the respo	ndent at the place where the
copies were left (Code Civ. Proc., § 415.20b) on (date):	-
A declaration of diligence is attached, stating the actions taken to first attempt	personal service.

	FL-115
PETITIONER:	CASE NUMBER:
RESPONDENT:	
<ul> <li>3. c. Mail and acknowledgment service. I mailed the copies to the respondent, add first-class mail, postage prepaid, on (date): <ul> <li>(1) with two copies of the Notice and Acknowledgment of Receipt (form Fine envelope addressed to me. (Attach completed Notice and Acknowledgment (Code Civ. Proc., § 415.30.)</li> <li>(2) to an address outside California (by registered or certified mail with refrecturn receipt or other evidence of actual delivery to the respondence of actual</li></ul></li></ul>	from (city):  L-117) and a postage-paid return  ledgment of Receipt (form FL-117).)  turn receipt requested). (Attach signed
4. Person who served papers Name: Address:	
Telephone number:	
This person is  a.  exempt from registration under Business and Professions Code section 22350(lb.  not a registered California process server.  c.  a registered California process server:  an employee or  an (1) Registration no.:   (2) County:  d. The fee for service was (specify): \$	b). independent contractor
5. I declare under penalty of perjury under the laws of the State of California that the f	foregoing is true and correct.
-or-	
6. am a California sheriff, marshal, or constable, and I certify that the foregoing is	true and correct.
Date:	
<b>k</b>	
(NAME OF PERSON WHO SERVED PAPERS)	(SIGNATURE OF PERSON WHO SERVED PAPERS)

## REQUEST FOR INTERPRETER (Civil)

	(For Court Use Only)
-	

CASE INFORMATION:			
Case Number(s):	Co	ase Name:	
HEARING INFORMATION:			
Hrg. Type:	Hrg. Date:	Time:	Dept.:
INTERPRETER(S) NEEDED FO	R THE FOLLOWING LANGUA	AGE:	
☐ Mixteco Alto* ☐ Triq	ui Alto* Cantonese ui Bajo* Mandarin jabi Farsi/Persian	Arabic Russian Hmong Lao Other:	
*Include town of origin for	indigenous language: _		
INTERPRETER NEEDED FOR:	☐ Plaintiff/Petitioner ☐ Defendant/Respondent	☐ Witness(es) Time	Estimate:
REQUESTING PARTY'S INFO	RMATION:		
Name: Email:	Phone Number:	5	-
	Interpreter Coordinator Please email thi		
	Interpreter.Madera@ma	adera.courts.ca.gov	

(559) 232-0686 - Interpreter Phone

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