

Instructions For Starting Petition to Establish Parental Relationship

WHEN TO USE THIS PACKET

Use this packet if you are **not married to the other parent of your child** and if you want to:

- Establish Paternity
- Obtain Orders for Custody or Visitation
- Obtain Orders for Child Support

There is a first time filing fee for filing for filing the enclosed forms, unless you are eligible for a **"Fee Waiver"** which is available as a separate packet.

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 the Court's Self-Help Center for other options.**

STEPS IN ESTABLISHING PATERNITY:

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 establishing paternity or obtaining orders for custody, visitation and support.

The other steps are as follows:

- Request a Judgment of Paternity by default if the other parent does not respond, or
- Ask the court for custody, visitation or support orders by completing, filing and serving a Request for Order Packet.

SAMPLE FORMS

How to fill out SUMMONS-UNIFORM PARENTAGE-PETITION FOR CUSTODY AND SUPPORT (FL-210)

DIRECTIONS:

- Find a 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 black ink

If you know the CASE NUMBER fill it in. If not leave it blank

SUMMONS (Parentage—Custody and Support) NOTICE TO RESPONDENT (Name): AVISO AL DEMANDADO (Nombre):		CITACIÓN (Paternidad—Custodia y Manutención) FL-210 FOR COURT USE ONLY (Solo para uso de la corte)	
1. 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.		2. Petitioner's name: El nombre del demandante:	
3. You have 30 calendar days after this Summons and Petition are served on you to file a Response (form FL-200 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.		3. Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-200 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandado. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.	
4. 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.		4. 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 sus hijos, y honorarios y costos legales.	
5. For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.		5. Si necesita asesoramiento legal, póngase en contacto con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.courtinfo.ca.gov) en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o póngase en contacto con el colegio de abogados de su condado.	
6. NOTICE: The restraining order on page 2 remains in effect against a 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.		6. AVISO: La orden de protección que aparece en la página 2 continuará en vigencia en cuanto a cada parte hasta que se verda un fallo final, se dicte una orden de custodia o la corte dé 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.	
7. 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 has voted for you or the other party.		7. 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 que han sido votados a su favor o de la otra parte.	
8. 1. The name and address of the court are: (El nombre y dirección de la corte son)		8. 1. 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)	
9. Enter (fecha):		9. Clerk, by (Secretario, por)	
10. Deputy (Alineante)		11. Deputy (Alineante)	

- Write the name of the other parent.
- Write your name here.
- 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 Madera County Superior Court; 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).
- DO NOT WRITE HERE
- DO NOT WRITE HERE

****SEE NOTE BELOW****

<p>FL-210</p>	<div data-bbox="1068 1058 1247 1089" style="text-align: center;"> STANDARD RESTRAINING ORDER (Parentage—Custody and Support) </div> <div data-bbox="1380 1056 1476 1092" style="text-align: right;">  <small>FILED JUL 11 2011 CLERK OF SUPERIOR COURT SANTA CRUZ COUNTY, CALIFORNIA</small> </div> <div data-bbox="1047 1778 1261 1856" style="text-align: center;"> ORDEN DE RESTRICCIÓN ESTÁNDAR (Parentado—Custodia y Manutención) </div> <div data-bbox="865 1596 1468 1755"> <p>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 the 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.</p> <p>When this restraining order takes effect against the petitioner within 10 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.</p> <p>Other orders.</p> <p>This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</p> </div> <div data-bbox="865 1369 1468 1547"> <p>En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes este acción judicial procura establecer una relación entre ellos y padre o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o una orden de la corte.</p> <p>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 Cita y Petición, o una vez que renuncie su derecho a recibir dicha notificación y así el por notificación.</p> <p>Otras ordenes:</p> <p>Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California</p> </div> <div data-bbox="829 1192 1474 1329"> <table border="1"> <tr> <td data-bbox="829 1192 1151 1329"> <p>NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE</p> <p>If so, you should apply for affordable health insurance? Covered California can help reduce the cost you pay toward high-quality, affordable health care.</p> <p>For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1508</p> </td> <td data-bbox="1151 1192 1474 1329"> <p>AVISO — ACCESO A SEGURA DE SALUD MÁS ECONÓMICA</p> <p>Necesitas seguro de salud a un costo asequible, ya sea por usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California; así, puede presentar una solicitud con Covered California para pagar por seguro de salud asequible y de más calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.</p> </td> </tr> </table> </div>	<p>NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE</p> <p>If so, you should apply for affordable health insurance? Covered California can help reduce the cost you pay toward high-quality, affordable health care.</p> <p>For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1508</p>	<p>AVISO — ACCESO A SEGURA DE SALUD MÁS ECONÓMICA</p> <p>Necesitas seguro de salud a un costo asequible, ya sea por usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California; así, puede presentar una solicitud con Covered California para pagar por seguro de salud asequible y de más calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.</p>
<p>NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE</p> <p>If so, you should apply for affordable health insurance? Covered California can help reduce the cost you pay toward high-quality, affordable health care.</p> <p>For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1508</p>	<p>AVISO — ACCESO A SEGURA DE SALUD MÁS ECONÓMICA</p> <p>Necesitas seguro de salud a un costo asequible, ya sea por usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California; así, puede presentar una solicitud con Covered California para pagar por seguro de salud asequible y de más calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.</p>		

NOTE: There is nothing to fill out on this page, but you should read this section carefully.

FL-200

<p>1. Petitioner's name and address (Include phone number, e-mail, and fax):</p> <p>2. If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street, Madera CA 93637 The Branch Name is: Civil Division</p> <p>3. Write your name after "Petitioner." Write the other parent's name after "Respondent."</p> <p>4. Check <u>all</u> boxes that apply to the orders you are requesting:</p> <p>5. Check one box that indicates who you are. Check box "a" if you are the mother of the child; box "b" if you are the father and so on.</p> <p>6. Write the name, date of birth, age and sex of each child included on this petition</p> <p>7. The court must have jurisdiction over both parents before they can make orders in this case. Check each box that is appropriate to your circumstances. Check box "a" if the father resides in the State of California and so on.</p> <p>8. In order for you to file the Petition in this county the child must reside in this county. Check box "a" if the child resides in this county.</p> <p>9. Check each box that applies in your case:</p> <p>(a) If the other parent is the mother.</p> <p>(b) If the other parent is the father.</p> <p>(c) If the father signed a Voluntary Declaration of Paternity after the child was born.</p> <p>(d) If the other parent has failed to support the child.</p> <p>(e) If either you or another party has paid for pregnancy expenses, insert the name of the person who paid for the expenses, the amount of the expenses, who the expenses were paid to and what the expenses were for.</p>	<p>10. Respondent's name and address (Include phone number, e-mail, and fax):</p> <p>11. Check each box that applies to the orders you are requesting:</p> <p>12. Check one box that indicates who you are. Check box "a" if you are the mother of the child; box "b" if you are the father and so on.</p> <p>13. Write the name, date of birth, age and sex of each child included on this petition</p> <p>14. The court must have jurisdiction over both parents before they can make orders in this case. Check each box that is appropriate to your circumstances. Check box "a" if the father resides in the State of California and so on.</p> <p>15. In order for you to file the Petition in this county the child must reside in this county. Check box "a" if the child resides in this county.</p> <p>16. Check each box that applies in your case:</p> <p>(a) If the other parent is the mother.</p> <p>(b) If the other parent is the father.</p> <p>(c) If the father signed a Voluntary Declaration of Paternity after the child was born.</p> <p>(d) If the other parent has failed to support the child.</p> <p>(e) If either you or another party has paid for pregnancy expenses, insert the name of the person who paid for the expenses, the amount of the expenses, who the expenses were paid to and what the expenses were for.</p>
---	---

PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Uniform Parentage)

How to fill out

PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-200)

DIRECTIONS:

- Find a 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.

- 1 Write your name and address. You may fill in your phone number, e-mail and fax if you want to.
- 2 If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street, Madera CA 93637 The Branch Name is: Civil Division
- 3 Write your name after "Petitioner." Write the other parent's name after "Respondent."
- 4 Check all boxes that apply to the orders you are requesting
- 5 Check one box that indicates who you are. Check box "a" if you are the mother of the child; box "b" if you are the father and so on.
- 6 Write the name, date of birth, age and sex of each child included on this petition
- 7 The court must have jurisdiction over both parents before they can make orders in this case. Check each box that is appropriate to your circumstances. Check box "a" if the father resides in the State of California and so on.
- 8 In order for you to file the Petition in this county the child must reside in this county. Check box "a" if the child resides in this county.
- 9 Check each box that applies in your case:
 - (a) If the other parent is the mother.
 - (b) If the other parent is the father.
 - (c) If the father signed a Voluntary Declaration of Paternity after the child was born.
 - (d) If the other parent has failed to support the child.
 - (e) If either you or another party has paid for pregnancy expenses, insert the name of the person who paid for the expenses, the amount of the expenses, who the expenses were paid to and what the expenses were for.

PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-200)

Page two

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
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Petitioner's Name) _____ (Respondent's Name) _____

NOTICE: If you have a child from this relationship, you must complete this form and file it with the court. If you do not, you may be fined or imprisoned. If you are a parent, you must complete this form and file it with the court. If you are not a parent, you may be fined or imprisoned. If you are a parent, you must complete this form and file it with the court. If you are not a parent, you may be fined or imprisoned.

10 Write your name and the name of the other parent

11 If you want the court to make a determination that there is a parent-child relationship between the father, yourself and the child;

12 If you are requesting the court to make custody orders regarding the child check all boxes that apply.

a) Check the box under petitioner if you want sole legal custody; check the box under Respondent if you want the other parent to have sole legal custody; check joint if you want to share legal custody with the other parent; or check other.

b) Check the box under petitioner if you want sole physical custody; check the box under Respondent if you want the Respondent to have sole physical custody; check joint if you want to share physical custody with the other parent; or check other.

c) Tell the court what kind of visitation you would like the child to have with yourself or the other parent:

1) Check this box if you want the parent the child doesn't live with to have no visitation

2) Check this box if you want the parent the child doesn't live with to have reasonable visitation.

3) Check Respondent if the other parent will be parent the child lives with most often; check Petitioner if the child will live mainly with you. Below, explain to the court who will be the primary custodial parent (who the child lives with) and what type of visitation you want the non-custodial parent to have.

d) Check the box "contained in the attached declaration". You will need to attach a separate "declaration" or statement explaining to the court why you are requesting the custody and visitation order.

Page two - continued

DIRECTIONS:

- ▶ Find a 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 blank.

PETITIONER _____ (PRINT NAME)	DATE FILED _____ (DATE)
--	--------------------------------------

PETITIONER

6. Petitioner requests the court to make the determinations indicated below:

7. PARENT CHILD RELATIONSHIP

a. ☐ Petitioner is ☐ **Parent**

b. ☐ Other capacity: _____ is the parent of the child(ren) listed in item 2.

8. CHILD CUSTODY AND VISITATION

a. ☐ Petitioner ☐ Respondent ☐ Joint ☐ Other

b. Physical custody of child(ren) is:

c. Visitation of child(ren)

(1) ☐ None

(2) ☐ Reasonable schedule

(3) ☐ Petitioner ☐ Respondent ☐ Shared (over the right to visit the child(ren) as follows: _____)

(4) ☐ Violation with the following restrictions (specify): _____

d. ☐ Fully in support of the requested custody and visitation order as specified

e. ☐ Contained in the attached declaration

f. ☐ Requested visitation to seek out a parenting plan

9. REASONABLE EVIDENCES OF PREJUDICE AND HARM

Unlawful deprivation of property and loss of the right to visitation

☐ Petitioner ☐ Respondent ☐ Joint

10. FEES AND COSTS OF LITIGATION

a. ☐ Attorney fees to be paid by _____

b. ☐ Court fees, guardian ad litem fees, and other costs of the action or proceedings to be paid by _____

11. OTHER CHARGE

☐ Child(ren) has/have been charged according to Family Code section 26530 as follows (specify): _____

12. CHILD SUPPORT

The court may make orders for support of the child(ren) and issue a writ of attachment with or without notice to enforce, jointly.

13. I declare under penalty of perjury that the facts of the Petitioner's 21(b) and 7 understand if applies to him when the Petitioner is 14(b) declare under penalty of perjury that the facts of the Petitioner's 14(b) are true and correct.

16

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

A Month Response As Petitioner to Establish Parental Relationship form PC-329(a) must be served on the Respondent with this Petition:

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Uniform Parentage)

Page 7 of 7

- 13 If you had reasonable expenses during your pregnancy and would like the court to order these expenses be paid check the following: Check **“Petitioner”** if you would like to pay for these expenses; check **“Respondent”** if you want the other parent to pay for these expenses or check **“joint”** if you would like the court to order you both to pay for the expenses.
- 14 If you paid Fees and Costs to file this case other than the first filing fees you can request that the other parent help pay for some of these costs:
 - a) Check box **“a”** if you hired an attorney for this case and would like the other parent to help pay the cost of your attorney or if you would like an order that you both have pay for the cost of your attorney.
 - b) Check box **“b”** if you had expert fees, guardian ad litem fees and other costs and would like the court to order either the other parent or both parents pay for these additional costs.
- 15 Check this box if you would like the name of the child to be changed and write child’s new name.
- 16 Date the form, print your name and sign the document.

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: 1
- ▶ 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.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Print name, firm, law, and address)

1. NAME: _____ FAX NO: _____

2. SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____

3. PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____

4. CHILDREN OF THE PARTIES: _____

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

5. I am a party to this proceeding to determine custody of a child.

6. My present address and the present address of each child residing with me is confidential under Family Code section 3425 as I have indicated in item 12.

7. There are (specify number) _____ minor children who are subject to this proceeding, as to be:

(Insert the information requested below. The residence information must be given for the last FIVE years.)

Child's Name	Period of Residence	Address	Relationship
1. _____	From _____ to _____	_____	_____
2. _____	From _____ to _____	_____	_____
3. _____	From _____ to _____	_____	_____
4. _____	From _____ to _____	_____	_____
5. _____	From _____ to _____	_____	_____

16. Additional residence information for a child listed in item 6 or 7 is continued on attachment 3c.

17. Additional children are listed on form FL-105(A)/GC-120(A). Provide all requested information for additional children.

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

- 1 Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
- 2 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.
- 4 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).
- 7 For the oldest child, fill in the first and last name.
- 8 Fill in the city and state where this child was born.
- 9 Fill in the child's date of birth (MM/DD/YY).
- 10 If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.

For 11 through 14 give information from now to the past 5 years, working backward:

- 11 The beginning and ending date the child lived at the address (from when to when at that address).
- 12 For the dates you listed, print the city and state where the child lived.
- 13 Name of person(s) (adult) the child lives or lived with and the physical addresses.
- 14 Relationship means how the adult is related to the child. For example, mother or father.
- 15 If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from 7 to 10. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from 11 to 14.
- 16 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.
- 17 If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

DECLARATION (FL-105/GC-120)

- Page two -

DIRECTIONS:

- Find the number on the sample form. **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.

SHORT TITLE: FL-105/GC-120		CASE NUMBER	
18. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Adoption			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
19. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
20. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
21. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
22. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
23. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
24. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			
25. Do you have information about, or have you participated as a party or in some other capacity, in another court case or custody or visitation proceeding in California or a state, territory, or foreign country, concerning a child alleged to be proceeding?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the order (if you have one) and provide the following information:			
Proceeding	Date number (month, year, day)	Court (name, state, location)	Case number
a. <input type="checkbox"/> Family			
b. <input type="checkbox"/> Juvenile Delinquency			
c. <input type="checkbox"/> Other			

18. 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.
19. 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.
20. If there is no current protective order (a restraining order) in effect, skip to 22. 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).
21. If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
22. 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 24.
23. 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 case.
24. Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
25. If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

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

CASE NAME:		Child number:	
------------	--	---------------	--

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

Child's name: <small>(If a minor, information is the same as given on form FL-105(A)/GC-120(A) for child in UCCJEA decree, possibly the attachment below.)</small>		Place of birth:	Date of birth:	Sex:
Parental relationship: <small>(If a minor, information is the same as given on form FL-105(A)/GC-120(A) for child in UCCJEA decree, possibly the attachment below.)</small>		Relationship:		
In present:	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		

2 CHILD'S NAME: _____ PLACE OF BIRTH: _____ DATE OF BIRTH: _____ SEX: _____

(If a minor, information is the same as given on form FL-105(A)/GC-120(A) for child in UCCJEA decree, possibly the attachment below.)

Parental relationship:		Relationship:		
In present:	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		

3 CHILD'S NAME: _____ PLACE OF BIRTH: _____ DATE OF BIRTH: _____ SEX: _____

(If a minor, information is the same as given on form FL-105(A)/GC-120(A) for child in UCCJEA decree, possibly the attachment below.)

Parental relationship:		Relationship:		
In present:	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		
In:	Child's residence (City, State)	Person child lived with (Name and complete current address)		

Form designed for use by the
Florida Department of
Children & Families
FL-105(A)/GC-120(A)
Page 1 of 2

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

Form designed for use by the
Florida Department of
Children & Families
FL-105(A)/GC-120(A)
Page 2 of 2

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: **1**
- ▶ 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.

- 1** 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.

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.

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Date of Birth, and Address)</p> <p>TELEPHONE NO. ①</p> <p>EMAIL ADDRESS (optional)</p> <p>ATTORNEY FOR (Name)</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS ②</p> <p>MAILING ADDRESS</p> <p>CITY AND ZIP CODE</p> <p>BRANCH NAME</p> <p>PETITIONER/PLAINTIFF, ③</p> <p>RESPONDENT/DEFENDANT,</p> <p>OTHER PARTY/CLAIMANT:</p> <p>INCOME AND EXPENSE DECLARATION</p>	<p>FOR COURT USE ONLY</p> <p>CASE NUMBER</p>
---	--

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

a. Employer: ④

b. Employer's address:

c. Employer's phone number:

d. Occupation:

e. Date job started:

f. If unemployed, date job ended:

g. I work about _____ hours per week.

h. I get paid \$ _____ gross (before taxes) ☐ per 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 same information as above for your other jobs. Write "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 grade completed (specify):

c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):

d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):

e. I have: ☐ professional/occupational license(s) (specify): ☐ Degree(s) obtained (specify): ☐ vocational training (specify):

3. Tax Information

a. ☐ I had filed taxes for tax year (specify year):

b. My tax filing status is: ☐ single ☐ head of household ☐ married, filing separately ☐ married, filing jointly with (specify name):

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):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$

This estimate is based on (explain):

7 (If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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: _____

(TYPE OR PRINT NAME) ⑧ (SIGNATURE OF DECLARANT)

Page 1 of 4

Form Adopted for Mandatory Use
Petitioner/Plaintiff/Respondent/Defendant
(FL-150) (Rev. January 1, 2005)

INCOME AND EXPENSE DECLARATION

Revised Edition, 85 1000 PACE
2005-01-01, 2005-01-01
800-547-0000, 800-547-0000
www.courtinfo.ca.gov

- ① Print your name, address and phone number.
- ② If not filled in for you write the Court's address. Write **Madera** after COUNTY OF. The address is 200 South G St, Madera CA 93637. The branch name is: **Civil Division**
- ③ Fill in the names of the Petitioner and Respondent. (The Petitioner is the person that started the case.)
- ④ 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 and 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.
- ⑤ Fill in your age and education information.
- ⑥ Fill in your tax information.
- ⑦ Write the total amount the other person in this case makes in a month, before taxes, and explain how you know this.
- ⑧ Date, print your name on the left and sign on the right.

- 1 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.
- 2 This area has to do with your income. Review letters (a) thru (i). 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.
- 3 If you have investment income list the monthly income and average monthly income you receive.
- 4 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.
- 5 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."
- 6 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."
- 7 List your assets (accounts, stocks and bonds, property, etc.) Write the total value (worth) for each line listed.

PETITIONER/RESPONDENT

Case number: _____

Other parent/parent/tenant: _____

Ask court to keep your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Check out your social security number on the pay stub and tax return.)

Income for average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.

and divide the total by 12.

a. Unemployment (state or federal) _____
 b. Unemployment (other) _____
 c. Unemployment (other) _____
 d. Unemployment (other) _____
 e. Unemployment (other) _____
 f. Unemployment (other) _____
 g. Unemployment (other) _____
 h. Unemployment (other) _____
 i. Unemployment (other) _____

11. Assets

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts _____
 b. Stocks, bonds, and other assets (could easily sell) _____
 c. All other property, _____
 d. Real estate (include fair market value minus the debts you own) _____

Total _____

12. Deductions

a. Required retirement payments (first social security, FICA, 401(k), or IRA) _____
 b. Medical, hospital, dental, and other health insurance premiums (total monthly amount) _____
 c. Child support that I pay for children from other relationships _____
 d. Spousal support that I pay by court order from a divorce or legal separation _____
 e. Spousal support that I pay by court order from a different marriage _____
 f. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") _____
 g. Federal income tax _____
 h. State income tax _____
 i. Other _____

13. Income

a. Income from self-employment, after business expenses for all businesses _____
 b. Rental property income _____
 c. Total income _____
 d. Other (specify) _____

14. Investment income (attach a schedule showing gross receipts less cash expenses for each piece of property)

a. Dividend/interest _____
 b. Rental property income _____
 c. Other (specify) _____

15. Other income

a. Other (specify) _____
 b. Other (specify) _____
 c. Other (specify) _____
 d. Other (specify) _____
 e. Other (specify) _____
 f. Other (specify) _____
 g. Other (specify) _____
 h. Other (specify) _____
 i. Other (specify) _____

16. Other income

a. Other (specify) _____
 b. Other (specify) _____
 c. Other (specify) _____
 d. Other (specify) _____
 e. Other (specify) _____
 f. Other (specify) _____
 g. Other (specify) _____
 h. Other (specify) _____
 i. Other (specify) _____

17. Other income

a. Other (specify) _____
 b. Other (specify) _____
 c. Other (specify) _____
 d. Other (specify) _____
 e. Other (specify) _____
 f. Other (specify) _____
 g. Other (specify) _____
 h. Other (specify) _____
 i. Other (specify) _____

- ◆ 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.

INCOME AND
EXPENSE
DECLARATION
(FL-150)
-page two-

DIRECTIONS

INCOME AND EXPENSE DECLARATION (FL-150)

-page three-

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.

FL-150

PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT OTHER PARTY/CLAMANT		①		CASE NUMBER	
---	--	---	--	-------------	--

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				Yes <input type="checkbox"/> No <input type="checkbox"/>
b.				Yes <input type="checkbox"/> No <input type="checkbox"/>
c.				Yes <input type="checkbox"/> No <input type="checkbox"/>
d.				Yes <input type="checkbox"/> No <input type="checkbox"/>
e.				Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☐ Rent or ☐ mortgage \$ _____

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____

(4) Maintenance and repair \$ _____

b. Health-care costs not paid by insurance \$ _____

c. Child care \$ _____

d. Groceries and household supplies \$ _____

e. Eating out \$ _____

f. Utilities (gas, electric, water, trash) \$ _____

g. Telephone, cell phone, and e-mail \$ _____

h. Laundry and cleaning \$ _____

i. Clothes \$ _____

j. Education \$ _____

k. Entertainment, gifts, and vacation \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____

n. Savings and investments \$ _____

o. Charitable contributions \$ _____

p. Monthly payments listed in item 14 (Rebate below in 14 and insert total here) \$ _____

q. Other (specify): \$ _____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____

b. The source of this money was (specify): _____

c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____

d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____


⑥

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

FL-150 (Rev. January 1, 2005) INCOME AND EXPENSE DECLARATION Page 3 of 4

- ① 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.
- ③ 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.
- ④ 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
- ⑤ 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.
- ⑥ Do not fill out this section. Skip to the next page.

- ◆ 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.

-page four-

CHILD SUPPORT INFORMATION		OTHER INFORMATION	
<p>Child's name:</p>		<p>Parent's name:</p>	
<p>(NOTE: Fill out this page only if your case involves child support.)</p>			
<p>16. Number of children</p> <p>a. I have (specify number) _____</p> <p>b. The children spend _____ of their time with me and _____ of their time with the other parent.</p> <p>(If you're not sure what percentage of time was split, please describe your parenting schedule here.) _____</p>			
<p>17. Children's health-care expenses</p> <p>a. <input type="checkbox"/> I do <input type="checkbox"/> I do not have health insurance available to me for the children through my job.</p> <p>b. Name of insurance company: _____</p> <p>c. Address of insurance company: _____</p>			
<p>18. Additional expenses for the children in this case</p> <p>(Do not include the amount your employer pays.)</p> <p>a. Child care so I can work or go to school: _____</p> <p>b. Children's health care not covered by insurance: _____</p> <p>c. Travel expenses for children: _____</p> <p>d. Children's educational or other special needs (specify amounts): _____</p>			
<p>19. Special hardships. I ask the court to consider the following special financial circumstances</p> <p>(Include documentation of any facts that may, including court orders):</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>(Name and ages of those children (specify): _____)</p>			
<p>20. Other information I want the court to know concerning support in my case (specify): _____</p>			

FL-150

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Street, City, County, and ZIP Code)		FOR COURT USE ONLY
TELEPHONE NO. 1 FAX NO. (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)		
2		
PETITIONER 3 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 the respondent with copies of:

4 a. ☐ Family Law—Petition (form FL-100), Summons (form FL-110), and blank Response (form FL-120) —or—

b. ☐ Family Law—Domestic Partnership—Petition—Domestic Partnership (form FL-103), Summons (form FL-110), and blank Response—Domestic Partnership (form FL-123) —or—

c. ☐ Uniform Parentage—Petition to Establish Parental Relationship (form FL-200), Summons (form FL-210), and blank Response to Petition to Establish Parental Relationship (form FL-220) —or—

d. ☐ Custody and Support—Petition for Custody and Support of Minor Children (form FL-200), Summons (form FL-210), and blank Response to Petition for Custody and Support of Minor Children (form FL-220)

and

5 e. (1) ☐ Completed and blank Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (form FL-105); (5) ☐ Completed and blank Financial Statement (Simplified) (form FL-155)

(2) ☐ Completed and blank Declaration of Disclosure (form FL-140); (6) ☐ Completed and blank Property Declaration (form FL-160)

(3) ☐ Completed and blank Schedule of Assets and Debts (form FL-142); (7) ☐ Order to Show Cause (form FL-300), Application for Order and Supporting Declaration (form FL-310), and blank Response Declaration to Order to Show Cause or Notice of Motion (form FL-320)

(4) ☐ Completed and blank Income and Expense Declaration (form FL-150); (8) ☐ Other (specify):

2. Address where respondent was served 6

3. I served the respondent by the following means (check proper box):

7 a. ☐ Personal service. I personally delivered the copies to the respondent (Civ. Civ. Proc., § 415.10) on (date): _____ at (time): _____

b. ☐ Substituted service. I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____

(1) ☐ (Business) a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.

(2) ☐ (Home) a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

Page 1 of 2

PROOF OF SERVICE OF SUMMONS
(Family Law—Uniform Parentage—Custody and Support)

Form approved for California Judicial Branch of California, FL-115 (Rev. January 1, 2015) Civil or Child Proceedings, § 415.10 www.courtinfo.ca.gov

- 1 Write your name and address. You may write your phone, e-mail address and fax number.
- 2 Write Madera after COUNTY OF. The address is 200 South G Street Madera CA 93637. The Branch Name is: Civil Division.
- 3 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.
- 4 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.

- 6 Write the address where the Respondent was served.
- 7 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).

- 8 Write the name of the Petitioner and the Respondent.
- 9 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).
- 10 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 must 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).
- 11 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.
- 12 Check box 4(a), *Unless the respondent is: a Minor, Ward of the Court, Conservator or other. If so check the appropriate box.*
- 13 Write in the name, address and phone number of the person who gave the papers to the Respondent.
- 14 If the person who delivered the papers is not a sheriff or registered process server, check box 5b and 6.
- 15 Mark box 6.
- 16 The person who served the papers will date, print and sign his name.

**How to fill out
PROOF OF SERVICE
OF SUMMONS
(FL-115)
Page 2
DIRECTIONS
(Continued from page 1)**

8 PETITIONER RESPONDENT	<p>3 b (cont) on (date) _____ at (time) _____</p> <p>I hereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date) _____.</p> <p>A declaration of diligence is attached, stating the action taken to first attempt personal service.</p> <p>c <input type="checkbox"/> Mail and acknowledgment service. I mailed the copies to the respondent, addressed as shown in item 2, by first class mail, postage prepaid, on (date) _____.</p> <p>(1) <input type="checkbox"/> with two copies of the Notice and Acknowledgment of Receipt (Form FL-117) and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt (Form FL-117) to this summons.)</p> <p>(2) <input type="checkbox"/> to an address outside California (by registered or certified mail with return receipt requested). (Attach signed return receipt or other evidence of actual delivery to the respondent.) (Code Civ. Proc., § 415.40)</p> <p>d <input type="checkbox"/> Other (specify code section) _____</p> <p><input type="checkbox"/> Continued on Attachment 3d.</p> <p>4 The "NOTICE TO THE PERSON SERVED" on the Summons was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 417.4):</p> <p>a <input type="checkbox"/> As not habitual or</p> <p>b <input type="checkbox"/> On behalf of (specify who is a</p> <p>(1) <input type="checkbox"/> minor, (Code Civ. Proc., § 416.60)</p> <p>(2) <input type="checkbox"/> ward or conservatee (Code Civ. Proc., § 416.70)</p> <p>(3) <input type="checkbox"/> other (specify): _____</p> <p>5. Person who served papers</p> <p>Name: _____</p> <p>Address: _____</p> <p>Telephone number: _____</p> <p>This person is</p> <p>a. <input type="checkbox"/> exempt from registration under Business and Professions Code section 22509.7</p> <p>b. <input type="checkbox"/> not a registered California process server,</p> <p>c. <input type="checkbox"/> a registered California process server.</p> <p>(1) <input type="checkbox"/> an employee or <input type="checkbox"/> an independent contractor</p> <p>(2) <input type="checkbox"/> County</p> <p>(3) <input type="checkbox"/> The fee for service was (specify) \$ _____</p> <p>14 <input type="checkbox"/> I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>—OR—</p> <p>15 <input type="checkbox"/> I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.</p>
--------------------------------------	--

FL-115 (Rev. January 4, 2003)
 PROOF OF SERVICE OF SUMMONS
 (Family Law—Uniform Package—Custody and Support)
 Page 2 of 2

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO:	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 ADDRESS: 200 South G Street CITY AND ZIP CODE: MADERA, CA 93637	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
CONFIDENTIAL DECLARATION	CASE NUMBER:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____
 Address: _____
 Alia (if any): _____ Social Security Number: _____
 Date of Birth: _____ Driver's License: _____
☐ Female ☐ Male ☐ Need Interpreter (if so, what language? _____)

Respondent (name): _____
 Address: _____
 Alia (if any): _____ Social Security Number: _____
 Date of Birth: _____ Driver's License: _____
☐ Female ☐ Male ☐ Need Interpreter (if so, what language? _____)

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

Date: _____

(Type or Print Your Name)

(Sign Your Name)

SUMMONS

(Parentage—Custody and Support)

CITACIÓN (Paternidad—Custodia y Manutención)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

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 días de calendario después de haber 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 orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidi 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 California.*

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): _____ Clerk, by (Secretario, por) _____, Deputy (Asistente)

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 despidan la petición o la corte dé 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 Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY
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: RESPONDENT:	
PETITION TO ESTABLISH PARENTAL RELATIONSHIP <input type="checkbox"/> Child Support <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Other (specify) :	CASE NUMBER:

1. Petitioner is
 - a. ☐ the mother.
 - b. ☐ the father.
 - c. ☐ the child or the child's personal representative (specify court and date of appointment):
 - d. ☐ other (specify) :

2. The children are

a. <u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
------------------------	----------------------	------------	------------

 b. ☐ a child who is not yet born.

3. The court has jurisdiction over the respondent because the respondent
 - a. ☐ resides in this state.
 - b. ☐ had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. ☐ other (specify) :

4. The action is brought in this county because (you must check one or more to file in this county):
 - a. ☐ the child resides or is found in the county.
 - b. ☐ a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims (check all that apply) :
 - a. ☐ respondent is the child's mother.
 - b. ☐ respondent is the child's father.
 - c. ☐ parentage has been established by Voluntary Declaration of Paternity (attach copy).
 - d. ☐ respondent who is child's parent has failed to support the child.
 - e. ☐ (name) : _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the child is obligated:

<u>Amount</u>	<u>Payable to</u>	<u>For (specify) :</u>
---------------	-------------------	------------------------
 - f. ☐ public assistance is being provided to the child.
 - g. ☐ other (specify) :

6. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

Petitioner requests the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP

- a. ☐ Respondent b. ☐ Petitioner
c. ☐ Other (specify) : _____ is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION

- | | Petitioner | Respondent | Joint | Other |
|---|---|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation of children: | | | | |
| (1) <input type="checkbox"/> None | | | | |
| (2) <input type="checkbox"/> Reasonable visitation. | | | | |
| (3) <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | should have the right to visit the children as follows: | | | |

(4) ☐ Visitation with the following restrictions (specify) :

d. Facts in support of the requested custody and visitation orders are(specify) :

- ☐ Contained in the attached declaration.
e. ☐ I request mediation to work out a parenting plan.

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE

☐ Children's names be changed, pursuant to Family Code section 7638, as follows(specify) :

12. CHILD SUPPORT

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me when this Petition is filed.

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

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PETITIONER)
-------------------------------	---	------------------------------------

A blank *Response to Petition to Establish Parental Relationship* (form FL-220) must be served on the Respondent with this Petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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	FOR COURT USE ONLY
PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
GUARDIANSHIP OF (Name): _____ Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
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)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
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)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: 	CASE NUMBER:
----------------------	----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
---	---	---

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: 	CASE NUMBER:
--------------------	----------------------

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

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
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)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
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)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
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)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

Page ____ of ____

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
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: MADERA	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) ☐ per 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 same information as above for your other jobs. Write "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 grade completed (specify):
- c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- e. I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year):
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
- 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):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party 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-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

	Last month	Average monthly
5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)		
a. Salary or wages (gross, before taxes)	\$	
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$	
6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)		
a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify) :	\$	
7. Income from self-employment, after business expenses for all businesses		
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> other (specify) :		
Number of years in this business (specify) :		
Name of business (specify) :		
Type of business (specify) :		
Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.		
8. <input type="checkbox"/> Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) :		
9. <input type="checkbox"/> Change in income. My financial situation has changed significantly over the last 12 months because (specify) :		
10. Deductions		
a. Required union dues	\$	Last month
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$	
d. Child support that I pay for children from other relationships	\$	
e. Spousal support that I pay by court order from a different marriage	\$	
f. Partner support that I pay by court order from a different domestic partnership	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$	
11. Assets		
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	Total
b. Stocks, bonds, and other assets I could easily sell	\$	
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$	

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

 (1) ☐ Rent or ☐ mortgage \$_____

If mortgage:

(a) average principal: \$_____

(b) average interest: \$_____

(2) Real property taxes \$_____

 (3) Homeowner's or renter's insurance
 (if not included above) \$_____

(4) Maintenance and repair \$_____

b. Health-care costs not paid by insurance ... \$_____

c. Child care \$_____

d. Groceries and household supplies \$_____

e. Eating out \$_____

f. Utilities (gas, electric, water, trash) \$_____

g. Telephone, cell phone, and e-mail \$_____

h. Laundry and cleaning \$_____

i. Clothes \$_____

j. Education \$_____

k. Entertainment, gifts, and vacation \$_____

 l. Auto expenses and transportation
 (insurance, gas, repairs, bus, etc.) \$_____

 m. Insurance (life, accident, etc.; do not
 include auto, home, or health insurance) \$_____

n. Savings and investments \$_____

o. Charitable contributions \$_____

 p. Monthly payments listed in item 14
 (itemize below in 14 and insert total here) \$_____

q. Other (specify) : \$_____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$_____

s. Amount of expenses paid by others \$_____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify) : \$

b. The source of this money was (specify) :

c. I still owe the following fees and costs to my attorney (specify total owed) : \$

d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number) : children under the age of 18 with the other parent in this case.
- b. The children spend percent of their time with me and percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- 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. Additional expenses for the children in this case

- | | Amount per month |
|--|------------------|
| a. Child care so I can work or get job training | \$ |
| b. Children's health care not covered by insurance | \$ |
| c. Travel expenses for visitation | \$ |
| d. Children's educational or other special needs (specify below) : | \$ |

19. Special hardships, I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ | |
| b. 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) : | | |

- (3) Child support I receive for those children \$

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): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY
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: 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 the respondent with copies of:
- a. ☐ Family Law—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
- or-
- b. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (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-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- and
- d. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
- (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (6) ☐ Completed and blank *Property Declaration* (form FL-160)
- (7) ☐ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (8) ☐ Other (specify): _____
2. Address where respondent was served:
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): _____
- b. ☐ **Substituted service.** I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____
- (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.
- (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.
- on (date): _____ at (time): _____
- I thereafter mailed additional copies (by first class, postage prepaid) to the respondent 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.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____
- (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. ☐ **Other (specify code section):**
- ☐ Continued on Attachment 3d.

4. **Person who served papers**

Name:

Address:

Telephone number:

This person is

- a. ☐ exempt from registration under Business and Professions Code section 22350(b).
- b. ☐ not a registered California process server.
- c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
- (1) Registration no.: _____
- (2) County: _____
- d. The fee for service was (specify): \$ _____
5. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. ☐ I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date:

(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): _____

Case Name: _____

HEARING INFORMATION:

Hrg. Type: _____

Hrg. Date: _____

Time: _____

Dept.: _____

INTERPRETER(S) NEEDED FOR THE FOLLOWING LANGUAGE:

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Triqui* | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mixteco* | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Zapoteco* | <input type="checkbox"/> ASL | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ |

*Include town of origin for indigenous language: _____

INTERPRETER NEEDED FOR:

☐ Plaintiff/Petitioner

☐ Witness(es) Time Estimate: _____

☐ Defendant/Respondent

REQUESTING PARTY'S INFORMATION:

Name: _____

Phone Number: _____

Email: _____

Interpreter Coordinator Contact Information

Please email this request to:

Interpreter.Madera@madera.courts.ca.gov

(559) 232-0686 – Interpreter Phone

