

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

## WHEN TO USE THIS PACKET

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

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

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

## STEPS IN OBTAINING CUSTODY, VISITATION AND SUPPORT

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

The other steps are as follows:

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

Revised 12/31/2015

## Continued Instructions for Petition for Custody

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

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

To comply with the new court local rule 5.1.36 Confidential Declaration Sheet:

Upon filing of any petition or response in any **family law case**, the filing party shall file a confidential information sheet entitled "Confidential Declaration" to help the Court identify the parties in the case. The confidential information sheet shall be placed in a **confidential envelope** within the Court's case file and shall not be made available to **any parties other than the Court, absent a court order**. The Confidential Declaration form is available on the Court's website under the "Forms" link and at the civil window. 1. Inside this Petition for Custody packet you will find the first couple of pages are sample documents that will teach you how to fill out the actual forms.

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

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

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

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

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

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

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

9. For more information or fill out your forms you can go online @ [www.courts.ca.gov/selfhelp/](http://www.courts.ca.gov/selfhelp/) or <http://www.icandocs.org/cal/>

<b>SUMMONS—UNIFORM PARENTAGE—PETITION FOR CUSTODY AND SUPPORT</b>		<b>CITACION JUDICIAL—DERECHO DE FAMILIA</b>	
<b>NOTICE TO RESPONDENT (Name):</b> <b>A VS/O AL DEMANDADO (Nombre):</b>		<small>FOR COUNTY USE ONLY              DICO PARA USAR EN EL CIRCUITO:</small>	
<b>You are being sued. A request is being demanded.</b>			
<b>PETITIONER'S NAME IS:</b> <b>EL NOMBRE DEL DEMANDANTE ES:</b>			
<small>Case No. (Número) Petition No. (Petición)</small>			
<p>You have 30 CALENDAR DAYS after the Sheriff and the Petitioner are served on you to file a Response to Petition to the Probate and Family Courtroom (Room 11-225) or Magistrate to Probate for Custody and Support of Minor Children (Room 11-214) at the court and serve a copy on the petitioner. A failure to appear will result in a default you.</p> <p>If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for the waiver form. If you need legal advice, contact a lawyer immediately.</p>		<p>(Tienes 30 DÍAS CALENDARIOS después de recibir oficialmente esta citación judicial y petición para contestar y presentar su respuesta al Jueces de lo Probado y de Familia (Audiencia para Custodia y Soporte de Menores) o al Jueces de lo Probado para Custodia y Soporte de Menores (Audiencia para Custodia y Soporte de Menores) a tiempo, lo cual puede resultar en una orden que establezca los derechos de custodia de sus hijos menores que usted. Si no puede pagar las costas por la presentación de la demanda, puede al solicitar de la corte que le dé las formas de exención de las tasas (Forma of Court Fees and Costs).</p> <p>Si no puede obtener consejo legal, contacte a un abogado con un abogado.</p>	
<p><b>NOTICE:</b> The hearing under on the back is an order against both parties and neither until the petition is dismissed, a judgment is entered, or the court makes further orders. The order is enforceable anywhere in California by any law enforcement officer who has received a copy of it.</p>			
<p><b>AVISO:</b> Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambas partes, madre o padre, como la demanda, hasta que la petición sea rechazada, se den las ordenes finales de la corte, se expida un fallo o se emita una orden. Estas prohibiciones pueden hacerle cumplir cualquier parte de California por cualquier agente del orden público que los haya recibido o que haya recibido una copia de ellas.</p>			
<p>1. The name and address of the court is: (El nombre y dirección de la corte es)</p>			
<p>2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)</p>			
<p>3. The name, address, and telephone number of respondent's attorney, or respondent without an attorney, is: (El nombre, la dirección y el número de teléfono del abogado del demandado, o del demandado que no tiene abogado, es)</p>			
<p>Date (Fecha)</p>		<p>Clerk (Actuario) By</p>	
<p><b>NOTICE TO THE PERSON SERVED:</b> You are served</p> <p><input type="checkbox"/> by an authorized officer</p> <p><input type="checkbox"/> by certified mail (return receipt requested)</p> <p><input type="checkbox"/> by personal delivery (see instructions on back)</p> <p><input type="checkbox"/> by personal delivery on (date) (show time if possible)</p> <p>(If a not a personal delivery, please attach a return receipt on an appropriate card.)</p>		<p><input type="checkbox"/> Cash for Fee: \$ 110.00 (Indicador)</p> <p><input type="checkbox"/> Other</p>	
<p><b>SUMMONS</b>  <b>(Uniform Parentage—Petition for Custody and Support)</b></p>			

► *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 blue or black ink

- 1 Write the name of the other parent.
- 2 Write your name here.
- 3 There is nothing to write here, but you should **READ THIS SECTION CAREFULLY.**
- 4 If not filled in for you, write the name and address of the court. The address of the Court is: 200 South G Street.  
Madera CA 93637. The Branch Name is: Civil Division
- 5 Write your name, address, city, state, zip code and telephone number (if you have one).
- 6 DO NOT WRITE HERE
- 7 DO NOT WRITE HERE
- 8 Check Box (a) if the other parent is not a minor; check box (b) if the other parent is a minor and check the box labeled "minor"

**SUMMONS-UNIFORM  
PARENTAGE-PETITION  
FOR CUSTODY AND  
SUPPORT  
(FL-210)  
-PAGE TWO-  
\*\*SEE NOTE BELOW\*\***

**STANDARD RESTRAINING ORDER—SUMMONS**  
**Uniform Parentage Act, Petition for Custody**  
**PROHIBICION JUDICIAL ESTANDAR—Ley Uniforme de Paternidad**

**STANDARD RESTRAINING ORDER**  
You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.

This restraining order is effective against petitioner upon being a person and against respondent on personal service of the summons and petition or on answer and acceptance of service by respondent.

This restraining order is effective until the judgment is entered. The petition is dismissed, or the court makes a further order.

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

**PROHIBICIONES JUDICIALES ESTANDARES**  
A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.

Esta prohibición judicial entra en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste recibe la notificación personal de la citación judicial y petición, o una vez que renuncia su derecho a ser oído en el proceso.

Esta prohibición judicial continúa en vigencia hasta que se dicte la decisión final, la petición se rechaza o la corte expide instrucciones adicionales.

Pueden hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

**STANDARD RESTRAINING ORDER—SUMMONS**  
**(Uniform Parentage Act—Petition for Custody and Support)**

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

FL-260

1. Petitioner and Respondent (Print names, addresses, phone numbers, and e-mail addresses)

2. COUNTY OF

3. PETITIONER

4. RESPONDENT

PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

NOTICE: This action will not terminate a marriage or establish a parental relationship.

1. Jurisdiction for bringing action

a. Petitioner is the ☐ mother ☐ father of the minor child(ren)

b. Petitioner is the ☐ mother ☐ father of the minor child(ren)

5. ☐ Petitioner is subject to the jurisdiction of the court in this state for decisions regarding custody, visitation, or support of the minor child(ren). ☐ Petitioner is subject to the jurisdiction of the court in this state for decisions regarding custody, visitation, or support of the minor child(ren).

c. ☐ Petitioner is subject to the jurisdiction of the court in this state for decisions regarding custody, visitation, or support of the minor child(ren).

d. ☐ Petitioner is subject to the jurisdiction of the court in this state for decisions regarding custody, visitation, or support of the minor child(ren).

6. The following child(ren) is/are the subject of this action

Child's Name: Date of Birth: Age: Sex:

7. Custody/Visitation: Legal custody is the right to make legal decisions about the child(ren), such as where they go to school and what doctor they see. These are decisions about the health, welfare and safety of the children.

a. I request custody of child(ren) to: ☐ Petitioner ☐ Respondent ☐ Joint

b. I request custody of child(ren) to: ☐ Petitioner ☐ Respondent ☐ Joint

c. Visitation: ☐ Petitioner ☐ Respondent ☐ Joint

(1) The petitioner/Respondent requests the following visitation: ☐ Standard ☐ Supervised ☐ No visitation

PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

## ► How to fill out

# PETITION FOR CUSTODY AND SUPPORT (FL-260)

## 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

- 1 Print your name and address. You may fill in your phone number, email 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 CA 93637. The Branch Name is: Civil Division.
- 3 Write your name after "Petitioner." Write the other parent's name after "Respondent."
- 4 Check box 1(a) indicating whether you are the mother or father. Check box 1(b) indicating who the other parent is.
- 5 Check the box that is appropriate in your case and complete any requested information if it applies.
- 6 Write the name, date of birth, age and sex of each child included on this petition. List the oldest child first.
- 7 Custody/Visitation: **Legal custody** is the right to make legal decisions about the child(ren), such as where they go to school and what doctor they see. These are decisions about the health, welfare and safety of the children.
  - (a) Check "Petitioner" if you want to make the legal decisions, check "Respondent" if you want the other parent to make the legal decisions or "joint" if you want to make these decisions together.
    - **Physical custody:** Who will the child(ren) primarily live with?
  - (b) Check "Petitioner" if you want the children to live with you, check "Respondent" if you want the children to live with the other parent, or check "joint" if you want to share physical custody of the child(ren).
- 8 Write down what you would like for visitation. You may write down a specific schedule, request supervised visitation or ask for "no visitation". If you request supervised visitation, complete section 5(d) on the next page. If you need additional space, use the attached declaration, form MC-031.

# **PETITION FOR CUSTODY AND SUPPORT** (FL-260)

**Page two**

**DIRECTIONS:**

- Find a number on the sample form.

*Example: 9*

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

- Type or print in blue or black ink

**PETITION FOR CUSTODY AND SUPPORT FOR MINOR CHILDREN**

**9** Write your name after "Petitioner" and the other parents name after "Respondent".

**10** If you requested supervised visitation, write your reason for that request here.

**11** There is nothing to write here. Read this section.

**12** If there are other orders you request the court to make, write your request here.

**13** There is nothing to write here. Read this section.

**14** Date the form, print your name and sign the document.

**15** Read this section.

**15** If you have a child from a previous marriage, you cannot be required to return child support based on the child support of a child from a previous marriage. If you have a child from a previous marriage, you cannot be required to return child support based on the child support of a child from a previous marriage. If you have a child from a previous marriage, you cannot be required to return child support based on the child support of a child from a previous marriage.



# 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.

- 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.

25 NOTICE TO DECLARANT: You have a continuing duty to inform the 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. Number of pages attached: _____ (TYPE OR PRINT NAME) _____ IS GUARDIAN OR DECLARANT													
24 Date: _____ I declare under penalty of perjury that the facts of California that the foregoing is true and correct.													
23 a. Name and address of person: _____ b. Name and address of person: _____ c. Name and address of person: _____ Has physical custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Claims custody rights: <input type="checkbox"/> Yes <input type="checkbox"/> No Has physical custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Claims custody rights: <input type="checkbox"/> Yes <input type="checkbox"/> No	22 Do you know of any person who is not a party to this case who has physical custody or claims to have custody or visitation rights with any child in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information: <table border="1"> <tr> <td>1. Name and address of person:</td> <td>2. Name and address of person:</td> <td>3. Name and address of person:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Name and address of person:</td> <td>5. Name and address of person:</td> <td>6. Name and address of person:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	1. Name and address of person:	2. Name and address of person:	3. Name and address of person:	_____	_____	_____	4. Name and address of person:	5. Name and address of person:	6. Name and address of person:	_____	_____	_____
1. Name and address of person:	2. Name and address of person:	3. Name and address of person:											
_____	_____	_____											
4. Name and address of person:	5. Name and address of person:	6. Name and address of person:											
_____	_____	_____											
21 Court: <input type="checkbox"/> Family <input type="checkbox"/> Juvenile <input type="checkbox"/> Other Case number (if known): _____ State: _____ Date: _____	20 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 a state or territory, concerning a child subject to this proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the order (if you have one) and provide the following information: <table border="1"> <tr> <td>1. Name and address of person:</td> <td>2. Name and address of person:</td> <td>3. Name and address of person:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Name and address of person:</td> <td>5. Name and address of person:</td> <td>6. Name and address of person:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	1. Name and address of person:	2. Name and address of person:	3. Name and address of person:	_____	_____	_____	4. Name and address of person:	5. Name and address of person:	6. Name and address of person:	_____	_____	_____
1. Name and address of person:	2. Name and address of person:	3. Name and address of person:											
_____	_____	_____											
4. Name and address of person:	5. Name and address of person:	6. Name and address of person:											
_____	_____	_____											
19 Proceeding: <input type="checkbox"/> Family <input type="checkbox"/> Juvenile <input type="checkbox"/> Other Case number: _____ State: _____ Date: _____													
18 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 a state or territory, concerning a child subject to this proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the order (if you have one) and provide the following information: <table border="1"> <tr> <td>1. Name and address of person:</td> <td>2. Name and address of person:</td> <td>3. Name and address of person:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Name and address of person:</td> <td>5. Name and address of person:</td> <td>6. Name and address of person:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		1. Name and address of person:	2. Name and address of person:	3. Name and address of person:	_____	_____	_____	4. Name and address of person:	5. Name and address of person:	6. Name and address of person:	_____	_____	_____
1. Name and address of person:	2. Name and address of person:	3. Name and address of person:											
_____	_____	_____											
4. Name and address of person:	5. Name and address of person:	6. Name and address of person:											
_____	_____	_____											



FL-105(A)(DC-123)(A)

CASE NAME: _____		CASE NUMBER: _____	
<b>ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>			
<input type="checkbox"/> <b>Child's Initial</b> <input type="checkbox"/> <b>Parental Information is the subject of a prior UCCJEA proceeding, provide the following information:</b>		Place of Birth _____	Date of Birth ____/____/____
<b>Period of residence</b> From: _____ To: _____		Please check each entry (name and complete current address)	
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
<b>Child's Initial</b> <input type="checkbox"/> <b>Parental Information is the subject of a prior UCCJEA proceeding, provide the following information:</b>		Place of Birth _____	Date of Birth ____/____/____
<b>Period of residence</b> From: _____ To: _____		Please check each entry (name and complete current address)	
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
<b>Child's Initial</b> <input type="checkbox"/> <b>Parental Information is the subject of a prior UCCJEA proceeding, provide the following information:</b>		Place of Birth _____	Date of Birth ____/____/____
<b>Period of residence</b> From: _____ To: _____		Please check each entry (name and complete current address)	
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		
In: <input type="checkbox"/> <b>Confidential</b> Child's residence (City, State)	Please check each entry (name and complete current address)		

From Department of Agriculture  
 Bureau of Child Support Services  
 P.O. Box 10000  
 Tallahassee, FL 32304-0000

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

Page \_\_\_\_\_ of \_\_\_\_\_  
 Please Print & Mail with  
 Declaration of Jurisdiction

## 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Print, Date Bar number, and address) TELEPHONE NO. E-MAIL ADDRESS (Optional) ATTORNEY FOR (Print) SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT/CLAIMANT INCOME AND EXPENSE DECLARATION CASE NUMBER		FORM COURT USE ONLY FL-150
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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 (check 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):

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: \_\_\_\_\_

STATE OR PRINT NAME \_\_\_\_\_ SIGNATURE OF DECLARANT \_\_\_\_\_

INCOME AND EXPENSE DECLARATION

Page 1 of 4

Printed for the Secretary of the Judicial Branch of California  
 FL-150 (Rev. January 1, 2012)

© 2012 Judicial Branch of California  
 8 pages, 8 1/2 by 11 inch, 300 dpi, 100% black and white, 100% black and white, 100% black and white, 100% black and white

- 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.

7 List your assets (accounts, stocks and bonds, property, etc.) Write the total value (worth) for each line listed.

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."

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," "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."

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.

3 If you have investment income list the monthly income and average monthly income you receive. months and divide by 12.

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.

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.

- ◆ 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

FL-150  
Petitioner/Respondent  
Case number

1. 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.)

2. 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.)

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

4. Other income (Specify):

5. Deductions (Specify):

6. Additional income (received one-time money (lump sum), business, etc.) in the last 12 months (Specify):

7. Income from self-employment, other business expenses for all businesses (Specify):

8. Other (Specify):

9. Social Security (Specify):

10. Deductions (Specify):

11. Assets (Specify):

# 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 PARENT/CLAIMANT:		CASE NUMBER
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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

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 e(1)(a) and (h)) \$ \_\_\_\_\_

s. Amount of expenses paid by others \$ \_\_\_\_\_

14. Installment payments and debts not listed above

Paid to	Fee	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)

FL-150 (Rev. January 1, 2009)      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.

# INCOME AND EXPENSE DECLARATION (FL-150)

-page four-

## DIRECTIONS

- ◆ Find the number on the sample form

- ◆ Go to the same number below

- ◆ 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

**1** PETITIONER/RESPONDENT: \_\_\_\_\_

**2** CHILDREN UNDER THE AGE OF 18 WITH THE OTHER PARENT IN THIS CASE: \_\_\_\_\_

**3** CHILDREN UNDER THE AGE OF 18 WITH THE OTHER PARENT IN THIS CASE: \_\_\_\_\_

**4** CHILDREN UNDER THE AGE OF 18 WITH THE OTHER PARENT IN THIS CASE: \_\_\_\_\_

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**100** CHILDREN UNDER THE AGE OF 18 WITH THE OTHER PARENT IN THIS CASE: \_\_\_\_\_

- Print the first and last names of petitioner (person who started the case) and the respondent. Write the case number.
- Fill in the number of children you have with the other parent that are under age 18.
- Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
- If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance DO NOT include costs already paid by your job.
- Fill in monthly amounts that apply to you regarding: (a) child care, (b) uncovered health care for the children, (c) travel expenses for visitation or (d) children's education or special needs. Describe expenses needed for (d).
- List any "special hardships" (things that make daily living hard).
- Complete (a) or (b) if they apply to you.
- Complete (c) 1-3 if you have children from another relationship living with you.
- If you filled out anything under Special Hardships explain why they create an extreme hardship for you.
- In this space you may write other information you want the court to know about your case.

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.

FL-115	
<p style="font-size: x-small;">RETURN TO: COUNTY CLERK, CIVIL DIVISION, 200 SOUTH G STREET, MADERA, CA 93637</p> <p style="font-size: x-small;">FOR COURT USE ONLY</p>	<p style="text-align: center; font-size: 2em; font-weight: bold;">1</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">2</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">3</p>
PROOF OF SERVICE OF SUMMONS	
<p>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:</p> <p>a. <input type="checkbox"/> Family Law—Petition (form FL-100), Summons (form FL-110), and blank Response (form FL-120)</p> <p style="text-align: center;">—or—</p> <p>b. <input type="checkbox"/> Family Law—Domestic Partnership, Petition—Domestic Partnership (form FL-103), Summons (form FL-110), and blank Response—Domestic Partnership (form FL-123)</p> <p>c. <input type="checkbox"/> 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)</p> <p style="text-align: center;">—or—</p> <p>d. <input type="checkbox"/> 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-270)</p> <p style="text-align: center;">and</p> <p>e. (1) <input type="checkbox"/> Completed and blank Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (form FL-105)</p> <p>(2) <input type="checkbox"/> Completed and blank Declaration of Disclosure (form FL-140)</p> <p>(3) <input type="checkbox"/> Completed and blank Schedule of Assets and Liabilities (form FL-142)</p> <p>(4) <input type="checkbox"/> Completed and blank Income and Expense Declaration (form FL-150)</p> <p>(5) <input type="checkbox"/> Completed and blank Financial Statement (Summary) (form FL-155)</p> <p>(6) <input type="checkbox"/> Completed and blank Property Declaration (form FL-160)</p> <p>(7) <input type="checkbox"/> Order to Show Cause (form FL-300), Application for Order and Supporting Declaration (form FL-310), and blank Responsive Declaration to Order to Show Cause or Notice of Motion (form FL-320)</p> <p>(8) <input type="checkbox"/> Other (specify):</p>	
<p>2. Address where respondent was served:</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">6</p>	
<p>3. I served the respondent by the following means (check proper box):</p> <p>a. <input type="checkbox"/> Personal service. I personally delivered the copies to the respondent (Civil Civ. Proc., § 415.10) on (date): _____ at (time): _____</p> <p>b. <input type="checkbox"/> Substituted service. I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____</p> <p>(1) <input type="checkbox"/> (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.</p> <p>(2) <input type="checkbox"/> (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.</p>	
<p>Revised 10/01 by the Judicial Branch of the State of California</p> <p style="text-align: center;">PROOF OF SERVICE OF SUMMONS (Family Law—Uniform Parentage—Custody and Support)</p> <p style="text-align: right;">Page 1 of 2</p>	

- 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).



13

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EL

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(Continued from page 1)

*How to fill out*  
**PROOF OF SERVICE  
 OF SUMMONS  
 (FL-115)**  
 Page 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:	
<b>CONFIDENTIAL DECLARATION</b>	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](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://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](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://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 página 2 continuará en vigencia en cuanto a cada parte 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 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 despida 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](http://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](http://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): <b>In Pro Per</b>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera</b> STREET ADDRESS: <b>200 South G Street</b> MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Civil Division</b>	
PETITIONER:  RESPONDENT:	
<b>PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN</b>	CASE NUMBER:
<b>NOTICE: This action will not terminate a marriage or establish a parental relationship.</b>	

**1. Jurisdiction for bringing action**

- a. Petitioner is the ☐ mother ☐ father of the minor children.  
 b. Respondent is the ☐ mother ☐ father of the minor children.

2. a. ☐ Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.  
 b. ☐ Petitioner and respondent have signed a *Voluntary Declaration of Paternity* regarding the minor children, and no action regarding the children has been filed in any other court. (Attach a copy of declaration)  
 c. ☐ Petitioner and respondent are not married and have legally adopted a child together.  
 d. ☐ Petitioner and respondent have been determined to be the parents in juvenile or governmental child support case  
 number \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Country (if not the United States) \_\_\_\_\_

**3. The following minor children are the subject of this action:**

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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☐ Continued on Attachment 3.

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

**5. Child custody and visitation. I request the following orders:**

- |                                    | 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 with:    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- (1) The proposed schedule for visitation is as follows:

☐ See the attached form FL-311, *Child Custody and Visitation Attachment*.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. d. ☐ I request that visitation be supervised for the following persons, with the following restrictions:

☐ Continued on Attachment 5d.

- e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.  
 f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.  
 g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.  
 h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.

**6. Fees and cost of litigation**

- a. Attorney fees will be paid by ☐ petitioner ☐ respondent.  
 b. ☐ Each party will pay own fees.

7. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party. *A completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) is attached.*

8. Other (specify) :

9. I have read the restraining order on the back of the *Summons (Uniform Parentage-Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that 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 for Custody and Support of Minor Children* (form FL-270) 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 on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on 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): <b>In Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera</b> STREET ADDRESS: <b>200 South G Street</b> MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Civil Division</b>	CASE NUMBER: _____
(This section applies only to family law cases.)  PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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)	
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:
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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):

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

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	Present address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
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	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
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	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
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 \_\_\_\_



**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.

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): \_\_\_\_\_

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):

- Date:

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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.)

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.)
- |  | Last month | Average monthly |
|--|------------|-----------------|
| 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 ☐ owner/sole proprietor ☐ business partner ☐ 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. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) : .....
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) : .....
10. **Deductions**
- |   | Last month |
|---|------------|
| a. Required union dues .....  | \$ .....   |
| 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**
- |   | Total    |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....  | \$ ..... |
| 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:
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**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) : .....\$

<b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</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:
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## 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): <b>In Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera</b> STREET ADDRESS: <b>200 South G Street</b> MAILING ADDRESS: <b>Same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Civil Division</b>	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	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](mailto:Interpreter.Madera@madera.courts.ca.gov)

(559) 232-0686 – Interpreter Phone

