

PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

The Petition for Custody and Support of Minor Children is used to start an action for custody, visitation, and child support only. If you are married and requesting spousal support or property orders, you will need to file a Petition for Dissolution, Legal Separation, or Annulment.

Use this packet when:

- The parents are married to each other and do not want to file for Dissolution, Legal Separation, or Nullity; or
- The parents signed a Declaration of Paternity (usually done at the hospital), *A copy of the Declaration of Paternity must be attached if you mark box 2.b. on the Petition.* You may obtain a copy of the Declaration at: www.childsup.ca.gov/resources/establishpaternity; or
- The parents are not married and have legally adopted a child together; or
- The Petitioner and Respondent have been determined to be the parents in a juvenile or governmental child support case. The case number must be listed.

HELPFUL WEBSITES

www.courts.ca.gov - State Court – free forms, information, etc.

www.kern.courts.ca.gov - Kern Court Website

www.kclawlib.org – Kern County Law Library

www.kernbar.org – Kern County Bar Association

<http://leginfo.legislature.ca.gov> - Legislation/Codes

www.accesslaw.com – Forms, Cases, Codes

www.findlaw.com – Case Law

STEP ①: Complete Forms:

1. Summons (Parentage – Custody and Support) (FL-210)
2. Petition for Custody and Support of Minor Children (FL-260)
3. UCCJEA (Form-105); for additional children use Attachment to UCCJEA (Form-105(A))
4. Child Custody and Visitation (Parenting Time) Application Attachment (FL-311)
5. Income and Expense Declaration (FL-150) or Financial Statement (Simplified) (FL-155)

NOTE: If you need court orders for custody, visitation, or support you may also complete and file a **Request for Order** packet (ask for separate handout) or sign up for a Request for Order workshop at www.kern.courts.ca.gov/onlineservices/familylawworkshopschedules.

Step ②: Make Copies:

1. Make **2** copies of each original for a total of **3** sets; and
2. Attach the following **blank** forms to the other parent's copy:
 - a. Response to Petition for Custody and Support of Minor Children (FL-270); and
 - b. UCCJEA (FL-105); and
 - c. Blank Financial Statement (Simplified) (FL-155) **OR** Income and Expense Declaration (FL-150).

Step ③: File the Forms.

Take the forms to the Family Law Division for filing. Once you file the forms, you are called the **Petitioner**. **READ and NOTE the Standard Restraining Order on the back of the Summons.**

Step ④: Have the Other Parent Served:

1. Have a third person, over 18 years old and not a party or witness to the action hand the filed pleadings and blank forms to the other parent.
2. The server completes the front and back of the **Proof of Service of Summons (FL-115)**.
3. Make 1 copy of the original Proof of Service of Summons (FL-115). File the original and 1 copy of the Proof of Service of Summons in the Family Law Division.

Step ⑤: WAIT 30 DAYS



IF NO RESPONSE WAS FILED:

Within 90 days of filing, submit Default paperwork (separate handout). You may sign up for Default Workshop at www.kern.courts.ca.gov/onlineservices/familylawworkshopschedules

IF RESPONSE WAS FILED:

1. File At-Issue Memorandum (separate handout/local form)
2. Family Centered Case Resolution (FCCR) conference will be set. At FCCR, judicial officer will set for Mandatory Settlement Conference.
3. Prepare Mandatory Settlement Conference Statement (separate handout/local form). At MSC, case may settle or be set for Trial Setting Conference.
4. At Trial Setting Conference, case may be set for Case Management Conference or set for Trial.
5. At CMC case may settle or be confirmed for Trial.
6. Prepare for and go to Trial
7. Prepare Judgment, Notice of Entry of Judgment, Envelopes, and Postage Stamps

FAMILY LAW COURTHOUSES IN KERN COUNTY

Superior Court of California, County of Kern
1215 Truxtun Avenue
Bakersfield, CA 93301
Branch Name: Metropolitan Justice Building
(661) 868-5393

Superior Court of California, County of Kern
132 East Coso Street
Ridgecrest, CA 93555
Branch Name: Ridgecrest
(760) 384-5900

Superior Court of California, County of Kern
325 Central Valley Highway
Shafter, CA 93263
Branch Name: Shafter-Wasco
(661) 746-7500

Superior Court of California, County of Kern
1773 Highway 58
Mojave, CA 93501
Branch Name: Mojave
(661) 824-7100

Superior Court of California, County of Kern
1122 Jefferson Street
Delano, CA 93215
Branch Name: Delano-McFarland
(661) 720-5800

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN, FAMILY LAW FACILITATOR, 1215 TRUXTUN AVE., BAKERSFIELD
CA 93301; WMFACIL@KERN.COURTS.CA.GOV

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

RESPONDENT'S NAME

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:

PETITIONER'S NAME

CASE NUMBER: (Número de caso)

LEAVE BLANK

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

Original + 2 copies

File w/Clerk & Pay Fee or Submit
 Fee Waiver Request

Have Respondent served w/copy of
 Summons, Petition & blank
 Response

Server completes Proof of Service
 of Summons; file original + 1 copy
 w/Clerk

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (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.</p>	<p>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.</p>
<p>If you do not file your <i>Response</i> 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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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 despidia 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.</p>
<p>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.</p>	<p>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.</p>

[SEAL]

- The name and address of the court are: (El nombre y dirección de la corte son:)
SEE LIST OF KERN COURT ADDRESSES
- 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:)

 YOUR ADDRESS
 YOUR CITY, STATE, ZIP CODE
 YOUR PHONE NUMBER

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): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO. (Optional): YOUR PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY Original + 2 copies File w/ Clerk & Pay Fee or Submit Fee Waiver Request Have Respondent served w/ copy of Summons, Petition & blank Response Server completes Proof of Service of Summons
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: SEE LIST OF KERN COURTS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: LEAVE BLANK
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

#1 & #2 CHECK CORRECT BOXES

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>
Name of Oldest Child	Date of Birth	Age	M/F
Name of Next Child	Date of Birth	Age	M/F

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: **#5 CHECK BOXES YOU ARE REQUESTING**

	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*. **LIST VISITATION HERE OR ON FL-311**

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: LEAVE BLANK
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

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

LIST ANY VISITATION RESTRICTIONS

#5e - #5h ARE OPTIONAL - CHECK APPROPRIATE BOXES AND ATTACH ADDITIONAL FORMS

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.*
#7 - MUST COMPLETE & ATTACH INCOME & EXPENSE DECLARATION FL-150
8. Other (specify):
#8 LIST ANY OTHER REQUESTS NOT INCLUDED ABOVE

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: DATE

PETITIONER'S NAME _____  PETITIONER SIGNS HERE _____
(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): SAMPLE YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: LEAVE BLANK
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. **List number of children you have with Respondent**
3. There are (specify number): **# of children** 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 Name of Oldest Child	Place of birth City/State where born	Date of birth Date of Birth	Sex M/F
Period of residence 1/1/16 to present Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) Name of parent child currently lives with & current address <input type="checkbox"/> Confidential	Relationship mother or father	
Birth to 1/1/16 Child's residence (City, State) Previous address of child	Person child lived with (name and complete current address) Name of parent(s) child used to live	Relationship parents	
to MUST COMPLETE ADDRESSES FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS LESS THAN 5 YEARS OLD	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 Name of Next Child <input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)	Place of birth City/State where born	Date of birth Date of Birth	Sex M/F
CHECK IF ADDRESS IS SAME AS CHILD #1; IF NOT COMPLETE 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 MUST COMPLETE ADDRESSES FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS LESS THAN 5 YEARS OLD	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)		

CHECK c. or d. IF NEEDED & INCLUDE ATTACHMENTS

- 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.) Page 1 of 2

SHORT TITLE: — PETITIONER v RESPONDENT	CASE NUMBER: LEAVE BLANK
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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 <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
#4. CHECK "YES" & LIST ANY OTHER CASES INVOLVING THESE CHILDREN - IF APPLICABLE;						
a. <input type="checkbox"/> Family						
OTHERWISE, CHECK "NO"						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
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): **check & attach copy of RESTRAINING ORDER if applicable**

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
#5. COMPLETE RESTRAINING ORDER CASE INFORMATION- IF APPLICABLE				
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>#6 complete if applicable</p> <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>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE YOU SIGN**

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)

SIGN YOUR 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.

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: LEAVE BLANK
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CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT
—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. **Custody.** Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> (person who decides about health, education, etc.)	<u>Physical Custody to</u> (person with whom the child lives)
Name of Oldest Child	Date of Birth	Joint or Sole	Joint or Sole
Name of Next Child	Date of Birth	Name of Parent(s)	Name of Parent(s)

2. **Visitation (Parenting Time).**
Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

a. Reasonable right of parenting time (visitation) to the party without physical custody (not appropriate in cases involving domestic violence).

b. See the attached _____ -page document dated (specify date):

c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):

d. No visitation (parenting time).

e. Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")

#2 - Petitioner's Respondent's Other Parent's/Party's parenting time (visitation) will be as follows:

CHECK THE APPROPRIATE BOXES FOR THE OTHER PARENT

(1) **Weekends starting (date): specify starting date**
(Note: The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from Friday at 3:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

to Sunday at 6:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, which starts (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) **Alternate weekends starting (date):**

from _____ at _____ a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

to _____ at _____ a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

(3) **Weekdays starting (date): specify starting date**

from Wednesday at 3:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

to Wednesday at 6:00 a.m. p.m./ If applicable, specify: start of school after school
(day of week) (time)

(4) Other visitation (parenting time) days and restrictions are: listed in Attachment 2e(4)
 as follows: **List other visitation days & times, or restrictions here or use Additional Page, form MC-020 and title it "Attachment 2e(4)"**

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: LEAVE BLANK
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#3 - #10 CHECK ALL THAT APPLY

3. **Supervised visitation (parenting time).**
 - a. **If item 3 is checked, you must attach a declaration that shows why unsupervised visitation (parenting time) would be bad for your children. The judge is required to consider supervised visitation if one parent or party is alleging domestic violence and is protected by a restraining order.**
 - b. The person who supervises the visitation (parenting time) must meet the requirements listed in *Declaration of Supervised Visitation Provider* (form FL-324) under Family Code § 3200.5.
 - c. I request that (*name*): _____ have supervised visitation (parenting time) with the minor children according to the schedule set out on page 1.
 - d. I request that the visitation (parenting time) be supervised by (*name*): _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (*specify*): _____
 - e. I request that any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent; other parent/party: _____ percent.

4. **Transportation for visitation (parenting time) and place of exchange.**
 - a. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - b. Transportation **to** begin the visits will be provided by (*name*): _____
 - c. Transportation **from** the visits will be provided by (*name*): _____
 - d. The exchange point at the beginning of the visit will be (*address*): _____
 - e. The exchange point at the end of the visit will be (*address*): _____
 - f. During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
 - g. Other (*specify*): _____

5. **Travel with children.** The petitioner respondent other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
 - a. the state of California.
 - b. the following counties (*specify*): _____
 - c. other places (*specify*): _____

6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached form FL-312.
7. **Children's holiday schedule.** I request the holiday and vacation schedule set out on the attached form FL-341(C) Other (*specify*): _____
8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) Other (*specify*): _____
9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) Other (*specify*): _____
10. **Other.** I request the following additional orders (*specify*): _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		FOR COURT USE ONLY COMPLETE ALL ITEMS. *ATTACH PROOF OF INCOME FOR 2 MONTHS
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: LEAVE BLANK

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: NAME OF CURRENT EMPLOYER; IF UNEMPLOYED - LAST EMPLOYER
- b. Employer's address: IF NEVER EMPLOYED - "NEVER EMPLOYED"
- c. Employer's phone number:
- d. Occupation:
- e. Date job started: DATE YOU STARTED WORKING
- f. If unemployed, date job ended: if unemployed DATE YOU STOPPED WORKING
- g. I work about 40 hours per week.
- h. I get paid \$ 15 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.)

MUST COMPLETE ALL ITEMS - N/A OR ZEROS WHERE APPLICABLE

2. COMPLETE ALL THAT APPLY

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):

"NEVER FILED" IF YOU NEVER FILED TAXES

3. COMPLETE ALL THAT APPLY

- 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): **(PUT BEST ESTIMATE OF OTHER PARTY'S INCOME AND HOW YOU KNOW THAT)**

MUST STATE AMOUNT

(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: CURRENT DATE

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: LEAVE BLANK
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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.)

	5. COMPLETE ALL THAT APPLY- USE	Last month	Average monthly
a. Salary or wages (gross, before taxes)	NUMBERS OR ZEROS	\$ _____	_____
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	ITEMS 6--11. DO NOT LEAVE BLANK. USE NUMBERS OR ZEROS	\$ _____	_____
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) :
LIST ANY CHANGES TO YOUR INCOME IN THE LAST 12 MONTHS, IF ANY

10. **Deductions**

	use > numbers or zeros	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: PETITIONER'S NAME RESPONDENT/DEFENDANT:RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: LEAVE BLANK
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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?
LIST ALL PERSONS WHO LIVE WITH YOU & INFO ABOUT THEM >				
a.			0	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.			0	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.			0	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.			0	<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

COMPLETE ALL ITEMS 12-15 BE THOROUGH

USE NUMBERS OR ZEROS V V V

a. Home: <ul style="list-style-type: none"> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ _____ If mortgage: <ul style="list-style-type: none"> (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\$ _____ 	h. Laundry and cleaning\$ _____ <ul style="list-style-type: none"> 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. Health-care costs not paid by insurance\$ _____	r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))\$ _____
c. Child care\$ _____	s. Amount of expenses paid by others\$ _____
d. Groceries and household supplies\$ _____	
e. Eating out\$ _____	
f. Utilities (gas, electric, water, trash)\$ _____	
g. Telephone, cell phone, and e-mail\$ _____	

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) : \$ _____ 0

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

c. I still owe the following fees and costs to my attorney (specify total owed) : \$ _____ 0

d. My attorney's hourly rate is (specify) : \$ _____ 0

I confirm this fee arrangement.

Date:

_____ (TYPE OR PRINT NAME OF ATTORNEY) ► _____ (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: PETITIONER ' S NAME RESPONDENT/DEFENDANT:RESPONDENT ' S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: LEAVE BLANK
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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.)

**COMPLETE ALL ITEMS 16-20
BE THOROUGH - USE NUMBERS OR ZEROS**

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 <i>(specify)</i> : | | |

(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): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY Server completes Original + 1 copy File w/Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: ADDRESS OF COURT WHERE FILED MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: LEAVE BLANK

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):
- List all other forms served on Respondent**

CHECK ALL BOXES THAT APPLY

2. Address where respondent was served:
ADDRESS WHERE PAPERS WERE PERSONALLY HANDED TO RESPONDENT
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): **Date Respondent was served** at (time): **Time of Day when Respondent served**
 - 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: PETITIONER'S NAME	CASE NUMBER: LEAVE BLANK
RESPONDENT: RESPONDENT'S NAME	

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: **Name of person who served Respondent**
 Address: **Address of person who served Respondent**

Telephone number: **Phone number of person who served Respondent**

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*): \$ **Fee amount charged for service, if any**

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: **DATE SERVER SIGNS**

PRINT NAME OF SERVER _____
 (NAME OF PERSON WHO SERVED PAPERS)

 **SERVER SIGNS HERE** _____
 (SIGNATURE OF PERSON WHO SERVED PAPERS)