

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN
Starter Packet

HOW TO BEGIN YOUR ACTION

1. COMPLETE THE FORMS. (Type or print, blue or black ink only)
 - Summons
 - Petition
 - Declaration Under UCCJEA
2. DATE, PRINT NAME AND SIGN ALL FORMS BEFORE FILING.
3. MAKE COPIES OF EACH FORM. Make two (2) copies of each form, front and back pages.
4. FILING FEE. There is a fee of **\$435.00** to file. If you cannot afford the filing fee, you may be eligible to have the fee “waived” by completing an **Application for Fee Waiver**– *ask the clerk for a packet.*
5. FILE YOUR FORMS. The original form and all copies must be filed with the Family Law Department. The clerk will keep the original and return both file stamped copies to you for further action. One copy is for your records, the other copy is for service on the other party.
6. SERVE YOUR DOCUMENTS. “*SERVICE*” means that someone other than you, over the age of 18, must **personally** deliver (serve) a copy of the filed endorsed papers to the other party. Additionally, attached to this packet are “blank” forms that must also be served on the other party, in the event they choose to respond. If you prefer, you can arrange to have the Sherriff’s Department or private process server serve the papers at a cost.
7. FILE THE PROOF OF SERVICE OF SUMMONS. After service has been completed, the person who served the papers must complete and sign the “Proof of Service of Summons,” included in this packet. Once completed, the form **must** be filed with the Family Law Department.
8. FOLLOW-UP. **These forms only begin the action.** *Note: In order to obtain an enforceable order or a Judgment (Final Order) additional forms are required – *ask the clerk for further packets.*

NOTICE

PERSONNEL OF THE CLERKS OFFICE OF THE SUPERIOR COURT ARE NOT ALLOWED
BY LAW TO GIVE LEGAL ADVICE OR ASSIST IN THE PREPARATION OF ANY FORMS.

PURSUANT TO CA RULE OF COURT 2.200, A PARTY WHOSE ADDRESS CHANGES WHILE AN ACTION IS PENDING MUST SERVE ON ALL PARTIES AND FILE A WRITTEN NOTICE OF CHANGE OF ADDRESS WITH THE COURT- Ask the clerk for Notice of Change of Address and Other Contact Information form

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)

<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><i>Tiene 30 días de calendario</i> 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><i>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.</i></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><i>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.</i></p>
<p>NOTICE: <i>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.</i></p>	<p>AVISO: <i>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.</i></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: <i>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.</i></p>

[SEAL]

1. The name and address of the court are: *(El nombre y dirección de la corte son:)*

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, are: *(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)*

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

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

1. I am the petitioner. The respondent and I are the parents of the following minor children:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. Respondent and I have legally adopted a child together.
- d. Respondent and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

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

4. **Child custody and visitation (parenting time).** 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 (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is (<i>specify</i>): | | | | |

The proposed schedule for visitation (parenting time) is as follows:

See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER: RESPONDENT:	CASE NUMBER:
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4. 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.
 i. I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

Continued on Attachment 4h.

j. Other (*specify*):

5. **Fees and cost of litigation**

- a. Attorney fees will be paid by petitioner respondent.
 b. Each party will pay their own attorney's fees.

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

7. Other (*specify*):

8. **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 a copy of 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.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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:
Child's Name Date of Birth Legal Custody to (person who decides about health, education, etc.) Physical Custody to (person with whom the child lives)

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.")
 Petitioner's **Respondent's** **Other Parent's/Party's** parenting time (visitation) will be as follows:

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

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

- (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
 (day of week) (time) after school

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

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

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

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

(4) Other visitation (parenting time) days and restrictions are: listed in Attachment 2e(4)
 as follows:



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies only to family law cases.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i>	CASE NUMBER:
GUARDIANSHIP OF (Name): _____ Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
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)	
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.) Page 1 of 2

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

_____ _____

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER:

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a. Family Law—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
 - or-
 - b. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or-
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
 - and
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
 - (2) Completed and blank *Declaration of Disclosure* (form FL-140)
 - (3) Completed and blank *Schedule of Assets and Debts* (form FL-142)
 - (4) Completed and blank *Income and Expense Declaration* (form FL-150)
 - (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (6) Completed and blank *Property Declaration* (form FL-160)
 - (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 - (8) Other (specify):

2. Address where respondent was served:

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

- a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): _____ at (time): _____
- b. **Substituted service.** I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____
 - (1) **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers.
 - (2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

on (date): _____ at (time): _____
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____
 A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

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

4. **Person who served papers**

Name:

Address:

Telephone number:

This person is

- a. exempt from registration under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
- (1) Registration no.:
- (2) County:
- d. **The fee** for service was (*specify*): \$

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

-or-

6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS)

(SIGNATURE OF PERSON WHO SERVED PAPERS)

STOP!

**DO NOT WRITE ON THE
FOLLOWING “BLANK”**

FORMS:

- **RESPONSE (FL-270);**
- **UCCJEA (FL-105)**
- **CHILD CUSTODY AND VISITATION
ATTACHMENT (FL-311)**
- **PROOF OF SERVICE BY MAIL (FL-
335)**

**THESE “BLANK” FORMS
MUST BE SERVED WITH**

**THE OTHER PARTIES’
COPY OF THE REQUEST
FOR ORDER THAT YOU
FILED.**

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

1. I am the respondent. The petitioner and I are the parents of the following minor children:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:

- a. I am married to the petitioner, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. Petitioner and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. Petitioner and I have legally adopted a child together.
- d. Petitioner and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

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

4. **Child custody and visitation (parenting time).** 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 (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is (<i>specify</i>): | | | | |

The proposed schedule for visitation (parenting time) is as follows:

See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER: RESPONDENT:	CASE NUMBER:
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4. 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.
- i. I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

Continued on Attachment 4h.

j. Other (*specify*):

5. **Fees and cost of litigation**

- a. Attorney fees will be paid by petitioner respondent.
- b. Each party will pay their own attorney's fees.

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

7. Other (*specify*):

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 RESPONDENT)

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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:
Child's Name Date of Birth Legal Custody to (person who decides about health, education, etc.) Physical Custody to (person with whom the child lives)

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.")
 Petitioner's **Respondent's** **Other Parent's/Party's** parenting time (visitation) will be as follows:

(1) **Weekends 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 _____ 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)

- (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):**

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)

(4) Other visitation (parenting time) days and restrictions are: listed in Attachment 2e(4) as follows:



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.)	
PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to guardianship cases.)	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
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)	
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 <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	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 <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):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
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 <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child
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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:

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents *(specify)* :

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business’s practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing *(city and state)*:

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*

6. 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 PERSON COMPLETING THIS FORM)