

RESPONSE to PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

HELPFUL WEBSITES

www.courts.ca.gov - State Court - forms, etc.
www.kern.courts.ca.gov - Kern Court Website
www.kclawlib.org – Kern County Law Library
www.findlaw.com – Case Law
www.leginfo.ca.gov - Legislation/Codes
www.accesslaw.com – Forms, Cases, Codes

GETTING STARTED

If you have been served with a Petition to Custody and Support of Minor Children, FL-260, you have thirty (30) days from the date you were served to file a Response to Petition for Custody and Support of Minor Children, FL-270. The Response is your chance to tell the Court what you want.

Complete the following forms:

1. Response to Petition for Custody and Support of Minor Children (FL-270)
2. Since there are children, complete:
UCCJEA (FL-105)
Attachment 3c (FL-105/GC-120) (if there are more than 2 children); and

Optional Custody/Visitation Attachments

- Child Custody and Visitation Attachment (FL-311)
 - Request for Child Abduction Prevention Order (FL-312)
 - Children's Holiday Schedule Attachment (FL-341(C))
 - Additional Provisions – Physical Custody Attachment (FL-341(D))
 - Joint Legal Custody Attachment (FL-341(E))
3. Complete the Financial Statement Simplified (FL-155) or the Income and Expense Declaration (FL-150) whether you or the other party is requesting child support.
 4. Server completes Proof of Service by Mail (FL-335).

5. **There is a FEE for filing the papers. If you cannot afford the filing fee, Fee Waiver forms are available. See current fee schedule for list of fees.**
(Fee Waiver & Order form number FW-001 & FW-003)

THEN

6. Make 2 copies of each original for a total of 3 sets.
7. HAVE PETITIONER SERVED with a Copy of the Response – in person or by mail –BEFORE filing the Response with the Family Law Clerk – (Server is to do the mailing).
8. Take the original with proof of service attached and one set to the Family Law Division for filing after one set is mailed to the Petitioner.
9. Either party can complete the At-Issue Memorandum (**separate handout**)
10. The Clerk of the Court will send out Notice of Mandatory Settlement & Trial Setting Conference.
11. Both Parties Prepare – Mandatory Settlement Conference Statement (**separate handout**)
12. Both Parties Prepare - Trial Brief (**separate handout**)
13. Both Parties Go to Trial
14. The Petitioner will Prepare Judgment, Notice of Entry of Judgment, Envelopes (**separate handout**)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE , and ZIP CODE TELEPHONE NO. (Optional): 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: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: CASE NUMBER
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. Jurisdiction for bringing action (CHECK AS APPLY)

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

*****YOU MUST CHECK ONE BOX FROM 2a - 2d*****

- 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 other action is pending 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 a 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>
CHILD'S NAME	DATE OF BIRTH	AGE	MorF

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: (CHECK AS REQUESTED)

- | | Petitioner | Respondent | Joint | Other |
|------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation of children with | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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5. d. I request that visitation be supervised with the following persons, with the following restrictions:
(CHECK AND COMPLETE IF REQUESTING VISITATION RESTRICTIONS)

(#5e - 5h ARE OPTIONAL - CHECK AND ATTACH AS REQUESTED)

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.* *****YOU MUST COMPLETE AND ATTACH INCOME AND EXPENSE DECLARATION or FINANCIAL STATEMENT*****

8. Other (*specify*):
(CHECK AND COMPLETE IF THERE ARE OTHER REQUEST NOT ALREADY STATED PREVIOUSLY ON THIS FORM)

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**

RESPONDENT'S NAME
(TYPE OR PRINT NAME)

RESPONDENT'S SIGNATURE
(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/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO Petition, Response, Application for Order or Responsive Declaration Other (*specify*):
 To be ordered now and effective until the hearing

(COMPLETE ONLY THE SECTION YOU ARE REQUESTING AN ORDER FOR)

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> <i>(person who makes decisions about health, education, etc.)</i>	<u>Physical Custody to</u> <i>(person with whom the child lives)</i>
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CHILD'S NAME	DATE OF BIRTH	MOTHER/FATHER'S NAME OR JOINT	MOTHER/FATHER'S NAME OR JOINT
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2. **Visitation.**

a. Reasonable right of 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 mediation at (*specify location*):

d. No visitation

e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date): SPECIFY STARTING DATE**
(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 **6:00** a.m. p.m.
(day of week) (time)
 to **SUNDAY** at **6:00** a.m. p.m.
(day of week) (time)

(a) The parents will alternate the fifth weekends, with petitioner respondent having the initial fifth weekend, which starts (*date*):

(b) The petitioner will have fifth weekends in odd even months.

(2) **Alternate weekends starting (date):**
 The petitioner respondent will have the children with him or her during the period
 from _____ at _____ a.m. p.m.
(day of week) (time)
 to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date) : SPECIFY STARTING DATE**
 The petitioner respondent will have the children with him or her during the period
 from **TUESDAY** at **5:00** a.m. p.m.
(day of week) (time)
 to **TUESDAY** at **9:00** a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions):**
LIST/SPECIFY DAYS, TIMES, OR RESTRICTIONS HERE
-OR- USE FORM MC-020 AND TITLE IT AS "ATTACHMENT 2e(4)"
 See Attachment 2e(4).

PETITIONER: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

3. **Supervised visitation.**
 I request that (*name*): _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (*name*): _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (*specify*): _____

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

(COMPLETE ONLY THE SECTION YOU ARE REQUESTING AN ORDER FOR)

4. **Transportation for visitation and place of exchange.**

- a. Transportation **to** the visits will be provided by (*name*): _____
- b. Transportation **from** the visits will be provided by (*name*): _____
- c. Drop-off of the children will be at (*address*): _____
- d. Pick-up of the children will be at (*address*): _____
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other (*specify*): _____

5. **Travel with children.** The petitioner respondent other (*name*): _____ **must** have written permission from the other parent or a court order to take the children out of

- a. the state of California.
- b. the following counties (*specify*): _____
- c. other places (*specify*): _____

(COMPLETE ONLY THE SECTION YOU ARE REQUESTING AN ORDER FOR)

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7. **Children's holiday schedule.** I request the holiday and visitation 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):		FOR COURT USE ONLY ***YOU MUST ATTACH AT LEAST 2 MONTHS WORTH OF PROOF OF INCOME
YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) 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: CASE NUMBER

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

Attach copies of your pay stubs for last two months (black out social security numbers).	<p>a. Employer: BAKERSFIELD HOSPITAL</p> <p>b. Employer's address: 124 HOSPITAL ROW, BAKERSFIELD, CA 93301</p> <p>c. Employer's phone number: (661) 555-5555</p> <p>d. Occupation: AD, OTTOMG, G, ERL</p> <p>e. Date job started: 01/2004</p> <p>f. If unemployed, date job ended: (COMPLETE THIS IF YOU ARE NO LONGER WORKING)</p> <p>g. I work about 40 hours per week.</p> <p>h. I get paid \$ 1,500.00 gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.</p>
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): **25**
- 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): **2** Degree(s) obtained (specify): **AA**
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify): **MEDICAL FRONT OFFICE**

3. **Tax information**

- a. I last filed taxes for tax year (specify year): **2005**
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): **4**

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ **5,000.00**
This estimate is based on (explain): **THAT WAS THE AMOUNT THE RESPONDENT MADE WHEN WE WERE LIVING TOGETHER.**

(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: **DATE YOU SIGN**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARENT/CLAIMANT:	

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

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 1,500.00	1,400.00
b. Overtime (gross, before taxes)	\$ 200.00	0.00
c. Commissions or bonuses	\$ 0.00	0.00
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0.00	0.00
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ 0.00	0.00
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0.00	0.00
g. Pension/retirement fund payments	\$ 0.00	0.00
h. Social security retirement (not SSI)	\$ 0.00	0.00
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$ 0.00	0.00
j. Unemployment compensation	\$ 0.00	0.00
k. Workers' compensation	\$ 0.00	0.00
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ 0.00	0.00

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

a. Dividends/interest	\$ 0.00	0.00
b. Rental property income	\$ 0.00	0.00
c. Trust income	\$ 0.00	0.00
d. Other (specify):	\$ 0.00	0.00

7. **Income from self-employment, after business expenses for all businesses** \$ 0.00 0.00

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): **INHERITANCE FROM MY AUNT** 2,500.00

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): **BONUSES AND OVERTIME ARE NOT OFFERED EACH MONTH.**

10. **Deductions**

	Last month
a. Required union dues	\$ 60.00
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 0.00
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 100.00
d. Child support that I pay for children from other relationships	\$ 0.00
e. Spousal support that I pay by court order from a different marriage	\$ 0.00
f. Partner support that I pay by court order from a different domestic partnership	\$ 0.00
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ 0.00

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 100.00
b. Stocks, bonds, and other assets I could easily sell	\$ 0.00
c. All other property, <input checked="" type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 0.00

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: CASE NUMBER
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. OLDEST CHILD	10	SON	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. MIDDLE CHILD, IF ANY	8	DAUGHTER	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. YOUNGEST CHILD, IF ANY	6	DAUGHTER	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. JANE DOE	27	ROOMMATE	2,500.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|--|
| a. Home:
(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ 1,200.00
If mortgage:
(a) average principal: \$ 0.00
(b) average interest: \$ 0.00
(2) Real property taxes\$ 0.00
(3) Homeowner's or renter's insurance
(if not included above)\$ 0.00
(4) Maintenance and repair\$ 0.00
b. Health-care costs not paid by insurance ...\$ 100.00
c. Child care\$ 575.00
d. Groceries and household supplies\$ 500.00
e. Eating out\$ 50.00
f. Utilities (gas, electric, water, trash)\$ 200.00
g. Telephone, cell phone, and e-mail\$ 100.00 | h. Laundry and cleaning\$ 20.00
i. Clothes\$ 60.00
j. Education CHILDREN'S ACTIVITY\$ 80.00
k. Entertainment, gifts, and vacation\$ 25.00
l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.)\$ 250.00
m. Insurance (life, accident, etc.; do not
include auto, home, or health insurance) \$ 3.00
n. Savings and investments\$ 0.00
o. Charitable contributions\$ 20.00
p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) \$ 420.00
q. Other (specify) :\$ _____
r. TOTAL EXPENSES (a-q) (do not add in \$ 3,603.00
<i>the amounts in a(1)(a) and (b))</i>
s. Amount of expenses paid by others \$ _____ |
|---|--|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
ABC MASTERCARD	CREDIT CARD	\$ 20.00	\$ 3,000.00	03/2008
CVA CAR MAKER	CAR PAYMENT	\$ 400.00	\$ 95,000.00	03/2008
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

- a. To date, I have paid my attorney this amount for fees and costs (specify) : \$
- b. The source of this money was (specify) :
- c. I still owe the following fees and costs to my attorney (specify total owed) : \$
- d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

N/A _____
 (TYPE OR PRINT NAME OF ATTORNEY)

▶ **N/A** _____
 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

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

16. Number of children

- a. I have (specify number): **3** children under the age of 18 with the other parent in this case.
- b. The children spend **80** percent of their time with me and **20** 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.)
THE OTHER PARENT SEES THE CHILDREN ON THE 1ST, 3RD, AND 5TH WEEKEND OF EACH MONTH FROM SATURDAY AT 8:00 A.M. TO SUNDAY AT 5:00 P.M. ALSO SHARES 1/2 OF HOLIDAYS.

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: **INSURANCE COMPANY OF CALIFORNIA**
- c. Address of insurance company:
**123 INSURANCE STREET
INSURANCE, CA 91234**
- d. The monthly cost for the children's health insurance is or would be (specify): \$ **100.00**
(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 \$ **575.00**
- b. Children's health care not covered by insurance \$ **100.00**
- c. Travel expenses for visitation \$ **0.00**
- d. Children's educational or other special needs (specify below): \$ **0.00**

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	\$ 0.00	0
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ 0.00	0
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ 0.00	0
(2) Names and ages of those children (specify):		

(3) Child support I receive for those children \$ **0.00**

The expenses listed in a, b and c create an extreme financial hardship because (explain):

IF YOU COMPLETE #19, YOU MUST LIST REASON(S) WHY YOU ARE EXPERIENCING FINANCIAL HARDSHIP.

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

WRITE ANY OTHER ADDITIONAL INFORMATION YOU WANT THE COURT TO KNOW CONCERNING SUPPORT.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: 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: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) 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: 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): **2** 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 CHILD'S NAME (oldest child if more than 1 child)	Place of birth CITY, STATE	Date of birth DATE OF BIRTH	Sex M or F
Period of residence DATE to present	Address ADDRESS, CITY & STATE <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) PERSON CHILD IS LIVING WITH <input type="checkbox"/> Confidential ADDRESS, CITY & STATE	Relationship MOM, DAD, or PARENTS
(MUST GIVE RESIDENCE INFORMATION FOR LAST 5 YEARS or IF CHILD IS LESS THAN 5 YEARS OLD, MUST GIVE RESIDENCE FROM BIRTH TO PRESENT)			
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)	
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)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

Residence information is the same as given above for child a. (If NOT the same, provide the information below.)
(CHECK THIS BOX IF RESIDENCE INFORMATION FOR THIS CHILD IS SAME AS CHILD "a" AND LEAVE THIS CHILD'S RESIDENCE INFORMATION BLANK.)

(CHECK C or D IF NEEDED) to

- 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'S NAME VS. RESPONDENT'S NAME	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):

(IF YES IS CHECKED, COMPLETE BELOW) 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):

(IF YES IS CHECKED, COMPLETE BELOW)

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights 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 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 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: **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.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. <i>(Optional):</i> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i> IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY:	CASE NUMBER: CASE NUMBER <i>(If applicable, provide):</i> HEARING DATE: HEARING DATE HEARING TIME: HEARING TIME DEPT.: DEPARTMENT
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:
SERVER'S STREET ADDRESS
CITY, STATE, and ZIP CODE
3. I served a copy of the following documents *(specify)* :
LIST THE NAME OF THE FORM SUCH AS:
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN (FL-270);
INCOME AND EXPENSE DECLARATION (FL-150); UCCJEA (FL-105)

 by enclosing them in an envelope AND **(CHECK EITHER "A" or "B")**
 - 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: **LIST THE NAME OF THE PARTY**
 - b. Address: **PARTY'S MAILING ADDRESS OR ATTORNEY**
CITY, STATE, and ZIP CODE
 - c. Date mailed: **DATE PAPERS ARE MAILED**
 - d. Place of mailing *(city and state)*: **FROM WHICH 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: **SERVER DATE**

PRINT SERVER'S NAME _____
(TYPE OR PRINT NAME)

SERVER'S SIGNATURE _____
(SIGNATURE OF PERSON COMPLETING THIS FORM)