

RESPUESTA AL DIVORCIO, SEPARACIÓN LEGAL, ANULACIÓN

SITIOS WEB ÚTILES:

www.courts.ca.gov – Cortes del Estado – formas, etc.
www.kern.courts.ca.gov – Cortes en el Condado de Kern
www.kclawlib.org – Biblioteca del Condado de Kern
www.findlaw.com – Leyes
www.leginfo.ca.gov - Legislación / Códigos
www.accesslaw.com – Formas, Casos, Códigos

PARA COMENZAR:

① Si usted fue servido con una Petición, usted tendrá (30) días a partir de la fecha en que fue servido para presentar una Respuesta. La Respuesta es una forma que le da una oportunidad para decirle a la Corte lo que usted quiere.

② Cuál es tu fecha de matrimonio?

③ Cuál es la fecha del día de separación?

COMPLETAR LAS FORMAS:

OBTENGA LOS FORMULARIOS DE LA OFICINA DE DERECHOS DE FAMILIA, FACILITADOR O POR LINEA EN:

www.courts.ca.gov/selfhelp - Cortes del Estado – formas, etc.
www.accesslaw.com - Formas

1. **Respuesta** al Divorcio, Separación Legal o Anulación del Matrimonio (marque una caja) (**Response** to Divorce, Legal Separation, Annulment of Marriage, check one box, **FL-120**)
2. Si usted tiene niños, favor de completar :
UCCJEA (FL-105) obligatorio si tiene niños
Adjunte 3c (Attachment 3c, información adicional sobre residencias de los niños) (FL-105(A) si hay más de 2 niños) y
3. **Adjuntos Opcionales de Custodia/Vistas - (formas separadas)**
Adjunte de Custodia y Visitación (Child Custody and Visitation Attachment, FL-311)
Adjunte 2e(4) (Attachment 2e(4));
Solicitud Para la Prevención del Secuestro Infantil (Request for Child Abduction Prevention Order, FL-312)

Adjunte de Horario de Vacaciones para los Niños (Children's Holiday Schedule Attachment, FL-341(C))
Provisiones Adicionales – Custodia Física Adjunte (Additional Provisions – Physical Custody Attachment, FL-341(D))
Adjunte de Custodia Legal Compartida (Joint Legal Custody Attachment, FL-341(E))

4. Si tiene **bienes o deudas**, completar **Declaración de Propiedades (Property Declaration, FL-160)**. No incluya comunidad, incluyendo cuasi-comunidad, propiedad con propiedad separada en el mismo formulario; necesitará formulario separado FL-160 para propiedad comunitaria/cuasi-comunidad y formulario separado FL-160 para propiedad separada.
5. Prueba de Entrego Por Correo (Proof of Service by Mail, FL-335).
6. **Hay una Honorarios al procesar sus documentos. Si usted no puede pagar los honorarios, forma Exención de Honorarios (Fee Waiver) están disponibles. Ver lista de precios actual para la lista de honorarios.**
(Fee Waiver & Order form number FW-001 & FW-003)

ASEGURAR QUE LOS FORMULARIOS ESTEN COMPLETOS Y EXACTOS:

Usted puede ir a la Oficina de Asistente de Derecho Familiar (Family Law Facilitator) para que sus documentos sean revisados **ANTES** de hacer copias:

Family Law Facilitator:

1215 Truxtun Ave., First Floor, Bakersfield, Ca.

HORAS: 8 a.m. – 4 p.m., Lunes – Viernes, cerrado días festivos.

WEB: www.kern.courts.ca.gov/familylaw/familylawfacilitator

EMAIL: WMFacil@kern.courts.ca.gov

HACER COPIAS DE SUS FORMAS:

7. Hacer 2 copias de la Respuesta y las otras formas **por un total de 3 paquetes**.
8. EL DEMANDADO TIENE QUE SER SERVIDO con una copia de la Respuesta – en persona o por correo ANTES de que presente su Respuesta con El Secretario Jurídico de Familia.
9. El servidor debe completar **Prueba de Entrega Por Correo (Proof of Service by Mail, FL-335)**. Adjunte la Prueba de Entrego a la Respuesta original.

ARCHIVO DE FORMAS:

10. Lleve las formas a la División de Derecho de Familia (Family Law Division) El Secretario Jurídico de Familia hará lo siguiente:

- revisar sus formas,
- aprobar la exención de honorarios (fee waiver) enviarlo al juez,
- sellar y archivar sus documentos.

11. Puede que tenga que regresar en 3 – 5 días para recoger su documentación sellada y aprobada o negada Exención de Honorarios (Fee Waiver).

DESPUES ES OBLIGATORIO QUE LOS DOS PARTIDOS COMPLETEN SU DECLARACIÓN DE DIVULGACION.

12. *TALLER* Complete LA DECLARACIÓN PRELIMINARÍA DE DIVULGACIÓN (PRELIMINARY DECLARATION OF DISCLOSURE) (folleto separado). La Declaración Preliminar de Divulgación es un paquete que contiene las siguientes formas:
- a. Declaración Preliminar de Divulgación (Preliminary Declaration of Disclosure, FL-140)
 - b. Lista de Activos y Deudas (Schedule of Assets & Debts, FL-142)
 - c. Declaración de Ingresos y Gastos (Income and Expense Declaration, FL-150)
 - d. Declaración de Servicio con respecto a Declaración de Divulgación (Declaration of Service re Declaration of Disclosure, FL-141)

13. **Archive La Declaración de Servicio tocante Declaración de Divulgación (FL-141) con El Secretario Jurídico de Familia LO MAS PRONTO POSIBLE!**

EL SIGUENTE PASO:

- 14. Memorando en Cuestión (At-Issue Memorandum) (folleto separado – forma local).
- 15. Asistir al TALLER de Conferencia de Conciliación (Mandatory Settlement Conference). Complete, sirva, y archive Conferencia de Conciliación (Mandatory Settlement Conference Declaration) (folleto separado – forma local).
- 16. Asistir al Juicio, si es necesario.
- 17. Prepare el Fallo, Nota de Ingreso de Dictamen, Sobres, y Estampillas (Judgment, Notice of Entry of Judgment, Envelopes, and Postage Stamps) y archive con El Secretario Jurídico de Familia.

Este Material se ha compilado por medio de una donación de Concilio Judicial de California.. Las opiniones, los resultados, y las conclusiones en esta publicación son las del autor y no necesariamente las del Concilio Judicial de California. Estos materiales tienen registro como propiedad literaria del Concilio Judicial de California con todos los derechos reservados.

WMFacil@KERN.COURTS.CA.GOV Rev. 10/04/12

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SU NOMBRE COMPLETO SU DOMICILIO CIUDAD, ESTADO, ZONA POSTAL TELEPHONE NO.: NUMERO DE TEL. FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): ESCRIBA "IN PRO PER"	FOR COURT USE ONLY DEBE SER SERVIDO ANTES DE SER ARCHIVADO CON LA SECRETARIA DE DERECHO FAMILIAR. ADJUNTE LA PRUEBA DE ENTREGO ORIGINAL CON LA RESPUESTA DE DIVORCIO ORIGINAL. CASE NUMBER: NUMERO DE CASO
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (VEA LISTA ADJUNTA DE DIRRECCIONES PARA LOS TRIBUNALES EN EL CONDADO DE KERN) MAILING ADDRESS: DE KERN) CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: SU NOMBRE COMPLETO RESPONDENT: NOMBRE DE SU ESPOSA	
RESPONSE <input type="checkbox"/> and REQUEST FOR ***SELECCIONE UN CUADRO*** <input checked="" type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity of Marriage <input type="checkbox"/> AMENDED	

1. RESIDENCE (Dissolution only) Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the *Petition for Dissolution of Marriage*.
2. STATISTICAL FACTS *PARTIDO DEBE CUMPLIR CON EL REQUISITO DE RESIDENCIA PARA UN DIVORCIO*

a. Date of marriage: **FECHA DE MATRIMONIO** c. Time from date of marriage to date of separation (specify):
 b. Date of separation: **FECHA DE LA SEPARACION** Years: ← Months: **(Calcule los años y meses que usted estaba casada/o).**

3. DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

a. There are no minor children.
 b. The minor children are:

MARQUE 3a. SI NO HAY NIÑOS MENORES			
MARQUE 3b. y PONGA A CUALQUIER NIÑO BIOLÓGICO O ADOPTADO DE ESTA RELACIÓN EN LOS ESPACIOS ABAJO			
<u>Child's name</u>	<u>FECHA DE NACIMIENTO</u>	<u>EDAD</u>	<u>SEXO</u>
NOMBRE DE NIÑO/A			

Continued on Attachment 3b.

c. If there are children of the marriage, the Respondent has not been advised by the Court of the child's name, date of birth, and information regarding the child's support and enforcement of the child support order.
 d. A copy of the child support order to the marriage is attached.

MARQUE LA CAJA "d." SI HAY UN NIÑO NACIDO ANTES DEL MATRIMONIO Y UNA DECLARACIÓN DE PATERNIDAD (TAMBIÉN CONOCIDO COMO POP) FUE FIRMADA POR AMBOS PADRES.

4. SEPARATE PROPERTY
 Respondent requests that the assets and debts listed below be confirmed as separate property. **PUUEEE UUTILLIZARR EL FORMULARIO FL-160; ADJUNTE 4 OR MARQUE LA CAJA ABAJO Y COMPLETAR LA SECCIÓN.**

<p><u>Item</u></p> <p>ANOTE AQUI PROPIEDADES O DEUDAS OBTENIDAS ANTES DEL MATRIMONIO O DESPUES DE LA SEPARACION, O REGALOS Y/O HERENCIAS RECIVIDAS DURANTE EL MATRIMONIO SUYAS Y/O DE SU ESPOSA/A. LOS CUALES USTED QUIERE UNA ORDEN DECLARANDO LAS MISMA COMO PROPIEDAD SEPARADA.</p>	<p><u>Confirm to</u></p> <p>ANOTE AQUI DE QUIEN ES PROPIEDAD: (PETITIONER/DEMANDANTE) <input type="radio"/> (RESPONDENT/DEMANDADO/A)</p>
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NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

MARRIAGE OF <i>(last name, first name of parties)</i> : _____	CASE NUMBER: NUMERO DE CASO
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5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. There are no such assets or debts subject to disposition by the court in this proceeding.
- b. All ***COMPLETE LA SECCIÓN 5a O 5b**
 5a. SI NO HAY BIENES COMUNITARIOS O DEUDAS.
 5b. SI HAY BIENES DE LA COMUNIDAD O DUELAS O BIEN ADJUNTE FORMULARIO FL-160 O MARQUE
 5b. Y ADJUNTE HOJA SEPARADA O MARQUE "BELOW" Y PONGA LOS ARTÍCULOS.

6. Respondent contends that the parties were never legally married.
7. Respondent denies the grounds set forth in item 6 of the petition.

MARQUE #6 O #7 SI ES APLICABLE; SI NO MARQUE LA CAJA 8a, 8b, 8c, O 8d Y LA RAZÓN.

8. Respondent requests

- | | |
|--|--|
| <p>a. <input type="checkbox"/> dissolution of the marriage based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p>(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p>(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p> | <p>d. <input type="checkbox"/></p> <p>(1) <input type="checkbox"/> respondent's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p>(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p>(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p>(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p>(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p>(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p> |
|--|--|

9. Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

(SI USTED TIENE NIÑOS DEBE COMPLETAR #9 A-D)

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

MARQUE 9d SI LOS NIÑOS NACIERON ANTES DEL MATRIMONIO.

(ADJUNTE FORMAS ADICIONAL SEGÚN SEA NECESARIO)

(MARQUE SI SE SOLICITA MANUTENCION DEL CONYUGE)

- d. Determination of parentage of any children born to the Petitioner and Respondent prior to the date of the filing of this petition.
- e. Attorney fees and costs payable by _____
- f. Spousal support payable to (wage assignment will be issued) _____
- g. Terminate the court's jurisdiction (ability) to award spousal support to Petitioner.
- h. Property rights be determined. (MARQUE SI APUNTO PROPIEDAD EN LOS ARTÍCULOS 4 Y/O 5)
- i. Respondent's former name be restored to (specify): **EL APELLIDO QUE SERA RESTAURADO**
- j. Other (specify): **CUALQUIER OTRA PETICIÓN QUE NO APARECE ARRIBA.**

Continued on Attachment 9j.

10. **Child support-** If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

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

Date: **FECHA DE FIRMA**

SU NOMBRE _____
(TYPE OR PRINT NAME)

▶ **SU FIRMA** _____
(SIGNATURE OF RESPONDENT)

Date: _____

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SU NOMBRE COMPLETO SU DOMICILIO CIUDAD, ESTADO, ZONA POSTAL TELEPHONE NO.: NUMERO DE TEL. FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): ESCRIBA "IN PRO PER"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (VEA LISTA ADJUNTA DE DIRRECCIONES MAILING ADDRESS: PARA LOS TRIBUNALES EN EL CONDADO CITY AND ZIP CODE: DE KERN) BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: SU NOMBRE COMPLETO RESPONDENT: NOMBRE DE SU ESPOSA OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: NUMERO DE CASO
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): **NUMERO DE NIÑOS** 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 NOMBRE DE NIÑO/A	Place of birth LUGAR DE NACIMIENTO	Date of birth FECHA DE NACIMIENTO	Sex SEXO
Period of residence QUE FECHA to present	Address DOMICILIO <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) PERSONA CON QUIEN VIVE EL NIÑO/A <input type="checkbox"/> Confidential Y DOMICILIO	Relationship SEXO
DEBE DAR INFORMACIÓN DE LA RESIDENCIA DURANTE LOS ÚLTIMOS 5 AÑOS O SI EL NIÑO ES MENOR DE 5 AÑOS DE EDAD, DEBE DAR RESIDENCIA DESDE EL NACIMIENTO HASTA PRESENTE.			
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 NOMBRE DE NIÑO/A <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 LUGAR DE NACIMIENTO	Date of birth FECHA DE NACIMIENTO	Sex SEXO
Period of res to	MARQUE SI LOS NIÑOS HAN VIVIDO EN EL MISMO DOMICILIO Y DEJE EN BLANCO LA INFORMACIÓN DE RESIDENCIA DEL NIÑO.		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	MARQUE "c" SI HAY NIÑOS ADICIONALES Y COMPLETAR LA FORMA FL-105.3.		

- 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: APELLIDO VS. APELLIDO	CASE NUMBER: NUMERO DE CASO
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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	<div style="border: 2px solid red; padding: 5px;"> HA PARTICIPADO EN OTRO PROCEDIMIENTO TOCANTE A LA CUSTODIA EN CALIFORNIA O EN OTRO LUGAR REFERENTE A LA CUSTODIA DEL NIÑO/A EN ESTE PROCEDIMIENTO? </div>					
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			<div style="border: 2px solid red; padding: 5px;"> MARQUE SI HAY ORDENES DE VIOLENCIA DOMESTICA. </div>	
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. <div style="border: 2px solid red; padding: 5px;"> CONOCE USTED DE UNA PERSONA QUE NO ES UN PARTIDO DE ESTE PROCEDIMIENTO QUE TENGA LA CUSTODIA FISICA O ALEGA TENER CUSTODIA DEL NIÑO/A EN ESTE PROCEDIMIENTO? </div>		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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

Date: **FECHA**

SU NOMBRE _____ **SU FIRMA** _____
(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: APELLIDO VS. APELLIDO	CASE NUMBER: NUMERO DE CASO
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

C. Child's name NOMBRE DEL NIÑO/A <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 LUGAR DE NACIMIENTO	Date of birth FECHA DE NACIMIENTO	Sex SEXO
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)		
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)		
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)		

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p>SU NOMBRE COMPLETO SU DOMICILIO CIUDAD, ESTADO, ZONA POSTAL</p> <p>TELEPHONE NO.: NUMERO DE TEL. FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name): ESCRIBA "IN PRO PER"</p>	<p><i>FOR COURT USE ONLY</i></p> <p>***FOMA OPCIONAL*** (SOLO LLENAR SI MARCO EL NUMERO "5b" EN "PROPERTY DECLARATION" EN LA FORMA FL-100)</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</p> <p>STREET ADDRESS: (VEA LISTA ADJUNTA DE DIRRECCIONES MAILING ADDRESS: PARA LOS TRIBUNALES EN EL CONDADO CITY AND ZIP CODE: DE KERN)</p> <p>BRANCH NAME:</p>	
<p>PETITIONER: SU NOMBRE COMPLETO</p> <p>RESPONDENT: NOMBRE DE SU ESPOSA</p>	
<p><input type="checkbox"/> PETITIONER'S <input checked="" type="checkbox"/> RESPONDENT'S</p> <p><input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION</p> <p><input checked="" type="checkbox"/> SEPARATE PROPERTY DECLARATION</p>	<p>CASE NUMBER: NUMERO DE CASO</p>

INSTRUCTIONS

When this form is attached to the *Petition or Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
1. N/A	REAL ESTATE	\$	\$	\$	\$	\$
2. N/A	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES					
3. N/A	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4. N/A	VEHICLES, BOATS, TRAILERS					

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH N/A	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE) N/A					
7.	EQUIPMENT, MACHINERY, LIVESTOCK N/A					
8.	STOCKS, BONDS, SECURED NOTES N/A					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES 12345 RETIREMENT PLAN	TBD	TBD	TBD	100%	
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS N/A					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS N/A					
12.	OTHER ASSETS AND DEBTS BIENES Y DEUDAS DEBEN SER COMPARTIDOS	TBD	TBD	TBD	50%	50%
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS	TBD	TBD	TBD	TBD	TBD

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: FECHA

SU NOMBRE _____
(TYPE OR PRINT NAME)

► SU FIRMA _____
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SU NOMBRE COMPLETO SU DOMICILIO CIUDAD, ESTADO, ZONA POSTAL TELEPHONE NO.: NUMERO DE TEL. FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): ESCRIBA "IN PRO PER"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (VEA LISTA ADJUNTA DE DIRRECCIONES MAILING ADDRESS: PARA LOS TRIBUNALES EN EL CONDADO CITY AND ZIP CODE: DE KERN) BRANCH NAME:	
PETITIONER: SU NOMBRE COMPLETO RESPONDENT: NOMBRE DE SU ESPOSA	
<input type="checkbox"/> PETITIONER'S <input checked="" type="checkbox"/> RESPONDENT'S <input checked="" type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER: NUMERO DE CASO

INSTRUCTIONS

When this form is attached to the *Petition or Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
1. REAL ESTATE 123 ANY ST. BAKERSFIELD, CA 93333		\$ TBD	\$ TBD	\$ TBD	\$ 100%	
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES TODOS LOS APARATOS ELECTRODOMÉSTICOS HERRAMIENTAS		TBD TBD	TBD TBD	TBD TBD	100%	100%
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. N/A						
4. VEHICLES, BOATS, TRAILERS 2000 FORD VAN 2006 FORD F-250 PICK UP		TBD TBD	TBD TBD	TBD TBD	100%	100%

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					PETITIONER	Award to: RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH N/A	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE) N/A					
7.	EQUIPMENT, MACHINERY, LIVESTOCK N/A					
8.	STOCKS, BONDS, SECURED NOTES N/A					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES 12345 RETIREMENT PLAN	TBD	TBD	TBD	100%	
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS N/A					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS N/A					
12.	OTHER ASSETS AND DEBTS OTROS BIENES Y DEUDAS	TBD	TBD	TBD	50%	50%
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS	TBD	TBD	TBD	TBD	TBD

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: FECHA

SU FIRMA _____
(TYPE OR PRINT NAME)

▶ SU FIRMA _____
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SU NOMBRE COMPLETO SU DOMICILIO CIUDAD, ESTADO, ZONA POSTAL TELEPHONE NO.: NUMERO DE TEL. FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): ESCRIBA "IN PRO PER"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (VEA LISTA ADJUNTA DE DIRRECCIONES MAILING ADDRESS: PARA LOS TRIBUNALES EN EL CONDADO CITY AND ZIP CODE: DE KERN) BRANCH NAME:	
PETITIONER/PLAINTIFF: SU NOMBRE COMPLETO RESPONDENT/DEFENDANT: NOMBRE DE SU ESPOSA OTHER PARENT/PARTY:	CASE NUMBER: NUMERO DE CASO <i>(If applicable, provide):</i> HEARING DATE: FECHA DE AUDIENCIA HEARING TIME: HORA DE AUDIENCIA DEPT.: DEPARTAMENTO
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:
DIRECCION DEL ENTREGADOR
CIUDAD, ESTADO, Y CODIGO POSTAL
3. I served a copy of the following documents (*specify*):
*****ESCRIBA TODOS LOS NOMBRES DE LAS FORMAS QUE FUERON ENTREGADAS*****

by enclosing them in an envelope AND **MARQUE YA SEA "A" O "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: **NOMBRE DE LA PERSONA NOTIFICADA**
 - b. Address: **DIRECCION POSTAL O DEL ABOGADO**
CIUDAD, ESTADO, Y CODIGO POSTAL
 - c. Date mailed: **FECHA QUE MANDO LOS DOCUMENTOS**
 - d. Place of mailing (*city and state*): **DE QUE CIUDAD Y ESTADO**
 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: **FECHA**

NOMBRE DEL ENTREGADOR _____
(TYPE OR PRINT NAME)

► **FIRMA DEL ENTREGADOR** _____
(SIGNATURE OF PERSON COMPLETING THIS FORM)