

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

WHAT IS THE PETITION FOR CUSTODY AND SUPPORT?

This is an action that can be used to file for custody, visitation, and child support only. If you are married and requesting spousal support or property issues, you will need to file for a Dissolution of Marriage, Legal Separation or Annulment.

Use this packet when:

- The parents are married to each other and do not want to file for Dissolution, Legal Separation, or Nullity;
- The parents signed a Voluntary Declaration “**POP**” (usually done at the hospital) and it is with the State Office of Vital Statistics – *a copy of the POP must be attached if you mark this box on the Petition.*
- The parents are not married and have legally adopted a child together; or
- The Local Child Support Agency opened a case against either/both parents anywhere AND there is a Paternity Judgment established. The case number must be listed.

WARNING! If a person is established as a legal parent of a child, that person MUST support the child financially! If a legal parent does not financially support a child, s/he may be subject to civil and/or criminal penalties.

WHAT YOU WILL NEED:

1. Copy of the POP Declaration;
2. Copy of the Paternity Judgment;
3. Proof of your income for the last two months.

STEP ①: Complete Forms:

1. Summons (Uniform Parentage – Petition for Custody and Support) (FL-210)
2. Petition for Custody and Support of Minor Children (FL-260)
3. Child Custody and Visitation Attachment (FL-311) **Mandatory**
4. **UCCJEA (FL-105)** Attachment 3c (additional children’s residential information)

(FL-105(A) if there are more than 2 children) and
Optional Custody/Visitation Attachments - (separate handout)

Child Custody and Visitation Attachment (FL-311)

Attachment 2e(4);

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))

5. Complete either the Financial Statement (Simplified) (FL-155); **OR** Income and Expense Declaration (FL-150); *Mandatory*
6. **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.**

NOTE: If you need to go to court and get custody, visitation, support orders, you need to file a **Request For Order** (ask for separate handout).

Step ②: Make Copies:

1. Make **2** copies of each original for a total of **3** sets.

AND

2. Attach the following **blank** forms to the other parent's documents:
 - a. Response to Petition for Custody of Minor Children (FL-270); and
 - b. Child Custody and Visitation Attachment (FL-311);
 - c. UCCJEA (FL-105);
 - d. Blank Financial Statement (Simplified) (FL-155) **OR** Income and Expense Declaration (FL-150).

Step③: File the Forms.

Take the forms to the Family Law Division for filing. Once you file the forms, you are called the **Petitioner**. **READ THE BACK OF THE SUMMONS!**

Step ④: Have the Other Parent Served:

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

Step⑤: WAIT 30 DAYS

AFTER 30 DAYS



IF NO RESPONSE WAS FILED:

1. File a Default (separate handout)

IF RESPONSE WAS FILED:

1. File At-Issue Memorandum (separate handout/local form)
2. The Clerk of the Court will send out Notice of Mandatory Settlement & Trial Setting Conference.
3. Prepare – Mandatory Settlement Conference Statement (separate handout/local form)
WORKSHOP
4. Prepare – Trial Brief (separate handout)
5. Go to Trial
6. Prepare Judgment, Notice of Entry of Judgment, Envelopes, and Postage Stamps

FAMILY LAW COURTHOUSE IN KERN COUNTY

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

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

Kern County Superior Court
325 Central Valley Highway
Shafter, CA 93263
Branch Name: North Kern Division – Shafter/ Wasco Branch
(661) 746-7500

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

Kern County Superior Court
1122 Jefferson Street
Delano, CA 93215
Branch Name: North Kern Division – Delano Branch
(661) 720-5800

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

SUMMONS-UNIFORM PARENTAGE-PETITION FOR CUSTODY AND SUPPORT

CITACION JUDICIAL-DERECHO DE FAMILIA

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

NOTICE TO RESPONDENT (Name): AVISO AL DEMANDADO (Nombre): RESPONDENT'S NAME

You are being sued. A usted le estan demandando.

PETITIONER'S NAME IS: EL NOMBRE DEL DEMANDANTE ES: PETITIONER'S NAME

CASE NUMBER: (Número del Caso) LEAVE BLANK

You have 30 CALENDAR DAYS after this Summons and Petition are served on you to file a Response to Petition to Establish Parental Relationship... Usted tiene 30 DIAS CALENDARIOS después de recibir oficialmente esta citación judicial y petición...

NOTICE The restraining order on the back is effective against both mother and father until the petition is dismissed, a judgment is entered, or the court makes further orders.

AVISO Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales.

- 1. The name and address of the court is: (El nombre y dirección de la corte es) SUPERIOR COURT OF CALIFORNIA (SEE ATTACHED LIST OF)
2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es) YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE PHONE NUMBER

[SEAL]

Date (Fecha): Clerk (Actuario), by _____, Deputy

NOTICE TO THE PERSON SERVED: You are served a. as an individual. b. on behalf of respondent under: Code Civ. Proc., § 416.60 (minor) Code Civ. Proc., § 416.70 (ward or conservatee) c. by personal delivery on (date): (Read the reverse for important information) (Lea el reverso para obtener información de importancia)



STANDARD RESTRAINING ORDER-SUMMONS
Uniform Parentage Act, Petition for Custody
PROHIBICION JUDICIAL ESTANDARE-Ley Uniforme de Paternidad

STANDARD RESTRAINING ORDER

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

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

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

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

PROHIBICIONES JUDICIALES ESTANDARES

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

Esta prohibición judicial 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 judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

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

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	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER: LEAVE BLANK
NOTICE: This action will not terminate a marriage or establish a parental relationship.	

1. 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 TO QUALIFY TO FILE THIS PETITION

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

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

<u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
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 checked="" type="checkbox"/> <-CHECK ONE->	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

5. d. I request that visitation be supervised for 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)
9. **I have read the restraining order on the back of the Summons (Uniform Parentage-Petition for Custody and Support) (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.**

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

Date: **DATE YOU SIGN**

PETITIONER'S NAME _____ **PETITIONER'S SIGNATURE** _____
(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with this *Petition*.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

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>
CHILD'S NAME	DATE OF BIRTH	MOTHER/FATHER'S NAME OR JOINT	MOTHER/FATHER'S NAME OR JOINT

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 the 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):		<i>FOR COURT USE ONLY</i>
YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		***YOU MUST ATTACH AT LEAST 2 MONTHS WORTH OF PROOF OF INCOME
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).

- a. Employer: **BAKERSFIELD HOSPITAL**
- b. Employer's address: **124 HOSPITAL ROW, BAKERSFIELD, CA 93301**
- c. Employer's phone number: **(661) 555-5555**
- d. Occupation: **AD, OTTOMG, G, ERL**
- e. Date job started: **01/2004**
- f. If unemployed, date job ended: **(COMPLETE THIS IF YOU ARE NO LONGER WORKING)**
- g. I work about **40** hours per week.
- h. I get paid \$ **1,500.00** gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): **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 RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: CASE NUMBER
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

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

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 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

- | | |
|--|--|
| <p>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ 1,200.00</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ 0.00</p> <p style="margin-left: 40px;">(b) average interest: \$ 0.00</p> <p>(2) Real property taxes\$ 0.00</p> <p>(3) Homeowner's or renter's insurance (if not included above)\$ 0.00</p> <p>(4) Maintenance and repair\$ 0.00</p> <p>b. Health-care costs not paid by insurance ...\$ 100.00</p> <p>c. Child care\$ 575.00</p> <p>d. Groceries and household supplies\$ 500.00</p> <p>e. Eating out\$ 50.00</p> <p>f. Utilities (gas, electric, water, trash)\$ 200.00</p> <p>g. Telephone, cell phone, and e-mail\$ 100.00</p> | <p>h. Laundry and cleaning\$ 20.00</p> <p>i. Clothes\$ 60.00</p> <p>j. Education CHILDREN'S ACTIVITY\$ 80.00</p> <p>k. Entertainment, gifts, and vacation\$ 25.00</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 250.00</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 3.00</p> <p>n. Savings and investments\$ 0.00</p> <p>o. Charitable contributions\$ 20.00</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 420.00</p> <p>q. Other (specify) :\$</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 3,603.00</p> </div> <p>s. Amount of expenses paid by others \$</p> |
|--|--|

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	\$ <u>575.00</u>
b. Children's health care not covered by insurance	\$ <u>100.00</u>
c. Travel expenses for visitation	\$ <u>0.00</u>
d. Children's educational or other special needs (specify below):	\$ <u>0.00</u>

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	\$ <u>0.00</u>	<u>0</u>
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ <u>0.00</u>	<u>0</u>
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ <u>0.00</u>	<u>0</u>
(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.

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
---	---	---

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.

USE THIS FORM AS AN ATTACHMENT IF THERE ARE MORE THAN 2 CHILDREN IN THE CASE

FL-105(A)/GC-120(A)

CASE NAME: PETITIONER'S NAME VS. RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

c. Child's name CHILD'S NAME <input checked="" 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 CITY & STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M or F
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)		

Page _____ of _____

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 * MUST FILE ORIGINAL WITH THE COURT + 1 COPY. *KEEP A FILED ENDORSED COPY FOR YOUR RECORD.
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:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: 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: *Petition—Marriage* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage* (form FL-120)

-or-

 - b. Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)

-or-

 - c. 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-

 - d. 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

- e. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
 - (2) Completed and blank *Declaration of Disclosure* (form FL-140)
 - (3) Completed and blank *Schedule of Assets and Debts* (form FL-142)
 - (4) Completed and blank *Income and Expense Declaration* (form FL-150)

- (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (6) Completed and blank *Property Declaration* (form FL-160)
 - (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 - (8) Other (*specify*):

(LIST ALL OTHER FORMS YOU'VE ATTACHED TO PETITION FILED).

2. Address where respondent was served:
ADDRESS WHERE THE PAPERS WERE HANDED TO THE RESPONDENT.

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

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

(CHECK ALL THE BOXES OF ITEMS YOU ARE SERVING WITH THE SUMMONS & PETITION)

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

3. b. (cont.) 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.
- 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.)
- d. **Other** (specify code section): _____
 Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
 a. As an individual **or**
 b. On behalf of respondent who is a
 (1) minor. (Code Civ. Proc., § 416.60.)
 (2) ward or conservatee. (Code Civ. Proc., § 416.70.)
 (3) other (specify): _____

5. **Person who served papers**

Name: **NAME OF PERSON WHO SERVED THE PAPERS (THE "SERVER")**
 Address: **ADDRESS OF PERSON WHO SERVED THE PAPERS (SERVER'S ADDRESS)**

Telephone number: **PHONE NUMBER OF PERSON WHO SERVED THE PAPERS (SERVER'S PHONE 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): \$ FEE AMOUNT CHARGED FOR SERVICE, IF ANY**
6. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
7. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: **DATE SERVER SIGNS**

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

SERVER SIGNS NAME _____
 (SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY ***LEAVE BLANK*** ATTACH TO RESPONDENT'S COPY OF THE PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN PACKET TO BE SERVED ON RESPONDENT
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 establish a parental relationship.	

1. Jurisdiction for bringing action

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

- 2. a. Petitioner is married to the respondent, and no action is pending in any court for dissolution, legal separation or nullity.
- b. Petitioner and respondent have signed a Voluntary Declaration of Paternity regarding the minor children, and no 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>
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Continued on Attachment 3.

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

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

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

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

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

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

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

Continued on Attachment 5d.

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

6. **Fees and cost of litigation**

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

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

8. Other (*specify*):

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.

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 LEAVE BLANK SERVE BLANK FORM ON RESPONDENT
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)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.) 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 <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
---	---	---

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.

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

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

Attach copies of your pay stubs for last two months (black out social security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

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

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

(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:

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

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

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

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

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

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

I am the owner/sole proprietor business partner other (specify) :

Number of years in this business (specify) :

Name of business (specify) :

Type of business (specify) :

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) :

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :

10. **Deductions**

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

11. **Assets**

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



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

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes\$ _____</p> <p>(3) Homeowner's or renter's insurance
(if not included above)\$ _____</p> <p>(4) Maintenance and repair\$ _____</p> <p>b. Health-care costs not paid by insurance ...\$ _____</p> <p>c. Child care\$ _____</p> <p>d. Groceries and household supplies\$ _____</p> <p>e. Eating out\$ _____</p> <p>f. Utilities (gas, electric, water, trash)\$ _____</p> <p>g. Telephone, cell phone, and e-mail\$ _____</p> | <p>h. Laundry and cleaning\$ _____</p> <p>i. Clothes\$ _____</p> <p>j. Education\$ _____</p> <p>k. Entertainment, gifts, and vacation\$ _____</p> <p>l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.)\$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____</p> <p>n. Savings and investments\$ _____</p> <p>o. Charitable contributions\$ _____</p> <p>p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify) :\$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|--|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

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

I confirm this fee arrangement.

Date:

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

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

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

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

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

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