

PETITION TO DETERMINE PARENTAL RELATIONSHIP - *Instructions*

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
https://leginfo.legislature.ca.gov-legislation/Codes
www.accesslaw.com – Forms, Cases, Codes

YOUR CASE WILL BE CONFIDENTIAL! You will need a valid picture identification

Paternity, parentage or “establishing paternity” is a legal means of determining who is or, in some cases, who is NOT the parent of a child. See Family Code §7630 et seq.

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

GETTING STARTED:

- #1. **COMPLETE THE FORMS:** You can get these blank forms from the Family Law Clerk, Family Law Facilitator, or online at www.courts.ca.gov/forms.
1. **Mandatory** Summons (Parentage – Custody and Support), (FL-210)
 2. **Mandatory** Petition to Determine Parental Relationship (Uniform Parentage), (FL-200)
 3. **Mandatory** Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), form (FL-105); if more than 2 children use attachment form FL-105(A); if more space needed for addresses use Additional Page, form MC-020 and label it “Attachment 3c”
 4. **Mandatory** Proof of Service of Summons (FL-115) – save you will NEED later
 5. **Blank** Response to Petition to Determine Parental Relationship (Uniform Parentage), (FL-220); **blank** UCCJEA (FL-105); **blank** Proof of Service by Mail (FL-335)
 6. **Optional Custody/Visitation Attachments:**
Child Custody and Visitation (Parenting Time) Application 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))
- #2. **FILING FEE or FEE WAIVER:** There is a FEE for filing these documents and required at the time of filing. If you cannot afford the filing fee or need to request payments, Fee Waiver forms are available. See current fee schedule for list of filing fees.

- #3 **HAVE FORMS REVIEWED FOR COMPLETENESS AND ACCURACY:**
You may visit the Family Law Facilitator's Office to have your documents reviewed BEFORE you make copies:

Family Law Facilitator's Office Location and Hours:
1215 Truxtun Ave., First Floor, Bakersfield, CA.
Monday – Thursday: 8:00 a.m. – 4:00p.m.
Friday: 8:00 a.m. – 12:00 p.m.
EMAIL: **WMFacil@kern.courts.ca.gov**

- #4. **MAKE COPIES:** Make sufficient number of copies - original + 2 copies.
Attach a **blank** Response to Petition to Determine Parental Relationship (Uniform Parentage) (FL-220) plus a **blank** UCCJEA Declaration (FL-105) to **RESPONDENT'S SET OF DOCUMENTS.**
- #5. **FILE THE PETITION & SUMMONS:** Take the original and copies and the filing fee or fee waiver to the Family Law Division and file them. **Your case is NOW confidential.** You will **need valid picture identification** to pick up your copies and view the file. The other party will also **need** valid picture identification to view the file. See Fam. Code §7643.
- #6. **SERVE RESPONDENT:** Have a 3rd person (**SERVER**), 18 years or older and not a party or witness to the case personally deliver the documents to the Respondent. The **server** completes the Proof of Service of Summons (FL-115)
- #7. **FILE THE PROOF OF SERVICE OF SUMMONS** with the Family Law Clerk ASAP. Make note of the date the Respondent was served.
- #8 **WAIT 30 DAYS**

AFTER 30 DAYS

IF NO RESPONSE WAS FILED:

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

IF RESPONSE WAS FILED:

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

These materials have been compiled through a grant from the Judicial Council of California. The opinions and findings in this publication are those of the author and not necessarily those of the Judicial Council of California. All rights reserved. April 2009, rev. 3/19/2020. SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN, FAMILY LAW FACILITATOR, 1215 TRUXTUN AVE., BAKERSFIELD CA 93301; WMFACIL@KERN.COURTS.CA.GOV.

FAMILY LAW COURTHOUSES IN KERN COUNTY

Bakersfield:

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

Delano:

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

Shafter:

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

Mojave:

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

Ridgecrest:

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

SUMMONS

(Parentage—Custody and Support)

CITACIÓN (Paternidad—Custodia y Manutención)

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

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

RESPONDENT'S NAME (OTHER PARTY)

You have been sued. Read the information below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

El nombre del demandante:

YOUR NAME

CASE NUMBER: (Número de caso)

LEAVE BLANK

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: *The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

AVISO: *La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidia la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.*

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: *Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.*

[SEAL]

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

SUPERIOR COURT OF CALIFORNIA

SEE ATTACHED LIST OF KERN COURT ADDRESSES

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

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

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

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR ADDRESS CITY: YOUR CITY STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY)	
PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER: LEAVE BLANK

ITEM NUMBERS 1-6 MUST BE COMPLETED

1. The petitioner
 - a. gave birth to the children listed in item 2.
 - b. wants to be determined as a parent of the children in item 2 because *(specify)*:
 - c. wants to be determined as not a parent of the children listed in item 2 because *(specify)*:
 - d. is the child or the child's personal representative *(specify court and date of appointment)*:
 - e. Other *(specify)*:

2. The children are

a. <u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
CHILD'S NAME	DATE OF BIRTH	AGE

 - b. a child who is not yet born.

3. The court has jurisdiction over the respondent because the respondent:
 - a. lives in this state.
 - b. had sexual intercourse in this state, which resulted in conception of the children listed in item 2.
 - c. Other *(specify)*:

4. The action is brought in this county because *(you must check one or more to file in this county)*:
 - a. the children live or are found in this county.
 - b. a parent is deceased and proceedings for administration of the estate have been or could be started in this county.

5. Petitioner claims *(check all that apply)*:
 - a. respondent is the parent of the children listed in item 2 above.
 - b. parentage has been determined by a voluntary declaration of parentage or paternity. *(Attach a copy if available.)*
 - c. respondent is the children's parent and has failed to support the children.
 - d. *(name)*: _____ has furnished or is furnishing the following reasonable expenses of pregnancy and birth for which the respondent as parent of the children should pay:

Amount	Payable to	For <i>(specify)</i> :
--------	------------	------------------------
 - e. public assistance is being provided to the children.
 - f. Other *(specify)*:

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

PETITIONER: YOUR NAME	CASE NUMBER: LEAVE BLANK
RESPONDENT: RESPONDENT'S NAME (OTHER PARTY)	

ITEM NUMBER 7 & 8 MUST BE COMPLETED.
ITEMS 9-13 ARE OPTIONAL, COMPLETE IF NEEDED

Petitioner asks the court to make the determinations indicated below.

7. PARENT-CHILD RELATIONSHIP (check all that apply):

- a. Petitioner Respondent is the parent of the children listed in item 2.
- b. Petitioner Respondent is not the parent of the children listed in item 2.
- c. Petitioner requests genetic testing to determine whether the Petitioner Respondent is the parent of the children listed in item 2.

8. CHILD CUSTODY AND VISITATION (PARENTING TIME)

a. If Petitioner Respondent is found to be the parent of the children listed in item 2.

	Petitioner	Respondent	Joint	Other
b. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in form FL-311 form FL-312 form FL-341(C) form FL-341(D) form FL-341(E) Attachment 6c(1)

e. The facts in support of the requested custody and visitation (parenting time) orders are (specify):

Contained in the attached declaration. SEE ATTACHMENT MC-025

9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:

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

10. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. NAME CHANGE IF REQUESTING MINOR'S NAME CHANGE, COMPLETE NUMBER 11

Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):
 CHANGE CHILD NAME FROM: JOHN MICHAEL DOE TO: JOHN MICHAEL SMITH.

12. CHILD SUPPORT

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

13. OTHER ORDERS REQUESTED (specify):

14. I have read the restraining order on the back of the Summons (FL-210) and I understand 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 OF SIGNATURE

YOUR PRINTED NAME _____ ▶ YOUR SIGNATURE _____
(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

A blank Response to Petition to Establish Parental Relationship (form FL-220) 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 upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon 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.

SHORT TITLE: - LAST NAME VS. LAST NAME	CASE NUMBER: LEAVE BLANK
---	-----------------------------

ATTACHMENT (Number): 8e

(This Attachment may be used with any Judicial Council form.)

DECLARATION AS TO FACTS IN SUPPORT OF THE REQUESTED CUSTODY AND VISITATION (PARENTING TIME) ORDERS ARE:

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 1
(Add pages as required)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR FIRST AND LAST NAME YOUR STREET ADDRESS CITY, STATE AND ZIP CODE TELEPHONE NO.: YOUR PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY) OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: LEAVE BLANK
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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

a. Child's name NAME OF CHILD #1	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Oldest child first Period of residence 1/1/2012 to present Address 1215 TRUXTUN AVE, BAKERSFIELD, CA <input type="checkbox"/> Confidential 93301	Person child lived with (name and complete current address) JANE DOE 1215 TRUXTUNE AVE. <input type="checkbox"/> Confidential BAKERSFIELD, CA 93301	Relationship MOTHER	
BIRTH to 1/1/2012 Child's residence (City, State) 1234 L STREET BAKERSFIELD, CA 93301	Person child lived with (name and complete current address) JANE DOE - SAME AS CHILD JOHN DOE:1234 L STREET, BAKERSFIELD, CA 93301	PARENTS	
to Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	Person child lived with (name and complete current address)		
to Child's residence (City, State)	Person child lived with (name and complete current address)		
b. Child's name NAME OF CHILD #2	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence 1/1/2012 to present Address ADDRESS FOR CHILD #2 IF DIFFERENT FROM CHILD #1 AND <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME OF PARENT CHILD LIVES WITH AND CURRENT ADDRESS <input type="checkbox"/> Confidential	Relationship FATHER	
*CHECK THIS BOX ONLY IF CHILD #2 LIVED WITH CHILD #1 FOR ALL DATES LISTED	Person child lived with (name and complete current address)		
to Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	Person child lived with (name and complete current address)		
CHECK C OR D IF NEEDED	Child's residence (City, State)	Person child lived with (name and complete current address)	

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

SHORT TITLE: _____ LAST NAME VS LAST NAME	CASE NUMBER: LEAVE BLANK
---	-----------------------------

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 checked="" type="checkbox"/> Guardianship	BPB-XX-00XXXX	KCSC 1215 TRUXTUN AVE. BAKERSFIELD, CA 93301	N/A	NAME OF CHILD	OBJECTOR	DISMISSED
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 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 OF SIGNATURE

YOUR PRINTED NAME _____ YOUR SIGNATURE _____
 (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: LAST NAME VS LAST NAME	CASE NUMBER: LEAVE BLANK
--------------------------------------	-----------------------------

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

C Child's name NAME OF CHILD #3 <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 CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Period of residence 1/1/12 to present	Present address ADDRESS FOR CHILD #3 IF DIFFERENT FROM CHILD #1 AND <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME OF PARENT CHILD LIVES WITH AND CURRENT ADDRESS <input type="checkbox"/> Confidential		Relationship FATHER
*CHECK THIS BOX IF CHILD #3 LIVED WITH CHILD #1 FOR THE DATES LISTED		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		
to		Child's residence (City, State)		
to		Person child lived with (name and complete current address)		

MUST GIVE ADDRESS FOR THE LAST 5 YEARS OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE

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



PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY) OTHER PARENT/PARTY:	CASE NUMBER: LEAVE BLANK
---	-----------------------------

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT
—This is not a court order—

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

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

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

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

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

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

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

d. No visitation (parenting time).

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

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

CHECK THE APPROPRIATE BOXES FOR THE OTHER PARENT

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

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

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

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

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

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

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

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

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

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

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

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

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

PETITIONER: YOUR NAME RESPONDENT: RESPONDENT'S NAME (OTHER PARTY) OTHER PARENT/PARTY:	CASE NUMBER: LEAVE BLANK
---	-----------------------------

#3 - #10 CHECK ALL THAT APPLY

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <p style="text-align: center;">✓ Name & Address against Odyssey</p> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>E-MAIL ADDRESS: _____</p> <p>ATTORNEY FOR (Name): _____</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ✓ for correct County and Court Address STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: Ensure party names RESPONDENT: match Odyssey	
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/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
 - or-
 - b. Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or-
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
 - and
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
 - (2) Completed and blank *Declaration of Disclosure* (form FL-140)
 - (3) Completed and blank *Schedule of Assets and Debts* (form FL-142)
 - (4) Completed and blank *Income and Expense Declaration* (form FL-150)
 - (5) Completed and blank *Financial Statement (Simplified)* (form FL-155)
 - (6) Completed and blank *Property Declaration* (form FL-160)
 - (7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
 - (8) Other (specify): _____

✓ to be sure docs served box(es) ✓ ed

2. Address where respondent was served:

Must be completed - address where documents handed to Respondent

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

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

Trigger date for Jurisdiction

Item 3. MUST BE COMPLETED



PETITIONER: <u>names</u>	CASE NUMBER: <u>Case Number</u>
RESPONDENT:	

for
attachments

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

Item 4. - all items Must Be Completed

4. **Person who served papers**

Name: **NAME OF PERSON WHO SERVED THE DOCUMENTS - "SERVER'S NAME"**
Address: **ADDRESS OF PERSON WHO SERVED THE DOCUMENTS - "SERVER'S ADDRESS"**
Street address, City, State and Zip Code

Telephone number: **SERVER'S TELEPHONE NUMBER**

This person is

- a. exempt from registration under Business and Professions Code section 22350(b).
- b. not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
- (1) Registration no.:
- (2) County:
- d. **The fee** for service was (*specify*): \$
5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

MUST BE DATED AND SIGNED

Date: Date server signs

Server's Printed name

(NAME OF PERSON WHO SERVED PAPERS)



Server's signature

(SIGNATURE OF PERSON WHO SERVED PAPERS)