

Instructions For Starting your **Divorce,** **Legal Separation** **or Nullity**

The attached forms can be used to seek a **dissolution of marriage and/or domestic partnership**[divorce], **legal separation of marriage and/or domestic partnership** [which allows the court to divide community property and make orders for custody or support, but does not terminate your marriage or domestic partnership], or an **annulment** [nullity] of a marriage and/or domestic partnership that was not valid due to one of several specific grounds. In order to seek a divorce in this county, you and the other party must have lived in California for at least the last six months and in Fresno County for at least the last three months.

NOTE: You may also use this packet to end a same-sex marriage that you entered into in California if neither spouse is a resident of California and you both live in states or countries that will not end a same-sex marriage.

This packet includes a “**Summons**” [FL-110], “**Petition**” [FL-100], “**Proof of Service of Summons**” [FL-115], a “**Declaration Under UCCJEA**” [FL-105] which must be completed only if you have children with the other party, a “**Declaration of Disclosure**” [FL-140], a “**Schedule of Assets and Debts**” [FL 142] and an “**Income and Expense Declaration**” [FL 150] along with instructions for completing the forms. All of these documents need to be completed, filed and served on the other party. There is also a blank “**Response**” [FL 120] which is served with the above documents.

There is a first time filing fee for filing the enclosed forms unless you are eligible for a “**Fee Waiver**” which is available as a separate packet.

Filing and serving the Summons and Petition will give the court jurisdiction to make orders in your case, but it is only the beginning. You will need to prepare and file additional documents to actually get court orders or a judgment of divorce, legal separation or nullity.

Your marriage and/or domestic partnership is not dissolved until there is a signed “Judgment” from the court.

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control, you may want to complete, file and serve the “Request for Order” packet. The Request for Order is used to ask the court to set a hearing date and make orders. This packet can be served on the other party along with the initial divorce, legal separation or nullity documents.

FL-110

SUMMONS (Family Law)
CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre): 1

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 is:
Nombre del demandante: 2

CASE NUMBER (NUMERO DE CASO):

<p>You have 30 calendar days after this <i>Summons and Petition</i> are served on you to file a <i>Response</i> (form FL-120) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p> <p>If you do not file your <i>Response</i> on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.</p> <p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.</p>	<p>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p> <p>Si no presenta su Respuesta a tiempo, la corte puede dar ordenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.</p>
<p>NOTICE—RESTRAINING ORDERS ARE ON PAGE 2: These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.</p>	<p>AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2: Las ordenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras ordenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas ordenes puede hacerlas acatar en cualquier lugar de California.</p>
<p>SEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p>EXENCIÓN DE CUOTAS: 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.</p>

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

1. The name and address of the court are (El nombre y dirección de la corte son): 4

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son): 5

Date (Fecha): _____ Clerk, by (Secretario, por) _____, Deputy (Asistente) 6

Form Adopted for Mandatory Use
JULIANE, CLERK of California
FL-110 (Rev. January 1, 2012)

SUMMONS
(Family Law)

Family Clerk, §§ 202, 203, 2024.1, 2050, 7700,
Code of Civil Procedure, §§ 412.20, 415.00-416.00
www.courts.ca.gov

How to fill out

SUMMONS (FL-110)

DIRECTIONS:

- Find a number on the sample form. Example: 1
- Go to the same number below to find out how to complete the form.
- Type or print in blue or black ink.

- 1 Write the name of the spouse or domestic partner (called the respondent).
- 2 Write your name here.
- 3 There is nothing to fill out here. Read this section carefully.
- 4 If not filled out, write the Court's address. The address is: 1130 "O" Street, Fresno, California 93724-2201.
- 5 Fill in your name, address, city, state and zip code. Write your phone number.
- 6 Do not write here.

How to fill out

SUMMONS

-page two-

** SEE NOTE BELOW **

FL-110	
STANDARD FAMILY LAW RESTRAINING ORDERS	ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR
<p>Starting immediately, you and your spouse or domestic partner are restrained from:</p> <ol style="list-style-type: none">removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life, andcreating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party. <p>You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.</p>	<p>En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:</p> <ol style="list-style-type: none">revocar del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de reemplazo para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; ycrear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte. <p>Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.</p>
<p>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 towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.</p>	<p>AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO: ¿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 el 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.</p>
<p>WARNING—IMPORTANT INFORMATION California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.</p>	<p>ADVERTENCIA—INFORMACIÓN IMPORTANTE De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.</p>
FL-110 (Rev. January 1, 2014)	SUMMONS (Family Law) Page 2 of 2

NOTE:

There is nothing to fill out on this page. You should carefully read the information on this page.

How to fill out

PETITION (FL-100)

DIRECTIONS:

- ◆ Find a number on the sample form.
Example: 1
- ◆ Go to the same number below to find out how to fill out the form
- ◆ Type or print in blue or black ink.

FL-100

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)</p> <p>1</p> <p>TELEPHONE NO. FAX NO.</p> <p>E-MAIL ADDRESS</p> <p>ATTORNEY FOR (NAME)</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS</p> <p>MAILING ADDRESS</p> <p>CITY AND ZIP CODE</p> <p>BRANCH NAME</p> <p>2</p> <p>PETITIONER:</p> <p>RESPONDENT:</p> <p>3</p> <p>PETITION FOR</p> <p><input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership</p> <p><input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership</p> <p><input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership</p> <p><input type="checkbox"/> AMENDED</p> <p>CASE NUMBER:</p>	<p>FOR COURT USE ONLY</p>
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1. LEGAL RELATIONSHIP (check all that apply):

a. We are married.

b. We are domestic partners and our domestic partnership was established in California.

c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)

b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.

Petitioner's residence (state or nation): _____ Respondent's residence (state or nation): _____

c. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. STATISTICAL FACTS

a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____

(3) Time from date of marriage to date of separation (specify): _____ Years _____ Months

b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____

(2) Date of separation (specify): _____

(3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. MINOR CHILDREN (children born before (or born or adopted during) the marriage or domestic partnership):

a. There are no minor children.

b. The minor children are:

Child's name	Birthdate	Age	Sex

(1) continued on Attachment 4b.

(2) a child who is not yet born.

c. If there are minor children of Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCC/JEA) (form FL-105) must be attached.

d. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

Page 1 of 3

PETITION—MARRIAGE/DOMESTIC PARTNERSHIP
(Family Law)

Form Adopted for Mendocino Unit
Judicial Council of California
FL-100 (Rev. January 1, 2015)

Family Code, §§ 207, 209, 210, 2310, 2310.5, 2400;
www.courts.ca.gov

- 1 Write your name, address and phone number. You may also include your email address.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- 3 Write your name after "Petitioner." Write the name of the other party after "Respondent".
- 4 Check the box indicating what you would like to do. "Dissolution" (divorce); "Legal Separation" which means you will divide your assets and debts, but the marriage will not end, or "Nullity" which would annul your marriage or domestic partnership. Then check the box to the right to state whether this is a Divorce, Legal Separation or Nullity of a **Marriage, Domestic Partnership or both**.
- 5 Check the box that applies to you.
- 6 Check the box that applies to you.
- 7 If you are married complete section 3(a). If you are domestic partners complete section 3(b).
- 8 If you have no children with the respondent, check box (a). If you and the respondent have children, check (b) and list their names, birthdates, ages, and if a male or female. If you need more space, check "Continued on Attachment 4b." Use another piece of paper and write Attachment 4b on the top. If the child has not been born yet check box 4(b)(2). Check box 4(d) if you and the other parent signed a voluntary declaration of paternity. Attach a copy if you have one.

How to fill out

PETITION (FL-100)

-page two-

DIRECTIONS:

- ◆ Find a number on the sample form.
Example: 1
- ◆ Go to the same number below to find out how to fill out the form
- ◆ Type or print in blue or black ink.

FL-100

PETITIONER: RESPONDENT:	CASE NUMBER:
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1

Petitioner requests that the court make the following orders:

5. **LEGAL GROUNDS** (Family Code sections 2200-2210, 2310-2312)

a. Divorce or Legal separation of the marriage or domestic partnership based on (check one):
(1) irreconcilable differences. (2) permanent legal incapacity to make decisions.

2

b. Nullity of void marriage or domestic partnership based on:
(1) incest. (2) bigamy.

c. Nullity of voidable marriage or domestic partnership based on:
(1) petitioner's age at time of registration of domestic partnership or marriage. (4) fraud.
(2) prior existing marriage or domestic partnership. (5) force.
(3) unsound mind. (6) physical incapacity.

6. **CHILD CUSTODY AND VISITATION (PARENTING TIME)**

	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. Child visitation (parenting time) to 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)

d. Determine the parentage of children born to Petitioner and Respondent before the marriage or domestic partnership.

7. **CHILD SUPPORT**

a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.

4

b. An earnings assignment may be issued without further notice.

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

d. Other (specify):

8. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**

a. Spousal or domestic partner support payable to Petitioner Respondent

b. Terminate (end) the court's ability to award support to Petitioner Respondent

c. Reserve for future determination the issue of support payable to Petitioner Respondent

d. Other (specify):

9. **SEPARATE PROPERTY**

a. There are no such assets or debts that I know of to be confirmed by the court.

6

b. Confirm as separate property the assets and debts in Property Declaration (form FL-160) Attachment 9b
 the following list. Item Confirm to

FL-100 (Rev. January 1, 2016) PETITION—MARRIAGE/DOMESTIC PARTNERSHIP (Family Law) Page 2 of 3

- 1 Write your name and the name of the respondent. Write your case number if you have one.
- 2 Check box 5(a) if you are requesting a divorce or legal separation. Check box (1) if your request is because you or the respondent no longer wish to be married or (2) because one party can no longer make any legal decisions. Check box (b) or (c) if you are requesting a nullity. Check the box that indicates the grounds for the nullity.
- 3 Check all boxes indicating what you want the court to decide, but only one box for each line: "Petitioner" (you), "Respondent" (the other party), "Joint" (both share), or "Other".
 - For c. you can check either box if you want the other party to visit, or check both boxes if parents are going to share the same amount of time with the child. You may check any of the boxes and attach any of the additional forms listed to set out the visitation schedule and restrictions OR check "in Attachment 6c (1)" (use another piece of paper and write Attachment 6c (1) at the top and write out the visitation schedule).
 - Check box d if you and the respondent had children together before your marriage or domestic partnership.
- 4 If you and the other party have children born or adopted by you both, the court can make child support orders. Read this section.
- 5 If you plan to request spousal or domestic partner support check box (a) and "petitioner" or "respondent" to show who would receive support. If you never want to receive or pay support and your marriage or partnership is less than 10 years check box (b) and "petitioner" and "respondent". If you think you may want to bring up the issue at a later date you may "reserve" the issue. Check "petitioner" or "respondent".
- 6 Separate property is property you acquired before your marriage, after your separation or by gift or inheritance. Check "a" if there is no separate property. Check "b" if there is separate property and attach FL-160, your own document labeled "attachment 9b" or list below.

PETITION (FL-100)

- page three -

DIRECTIONS:

- ◆ Find a number on the sample form
Example: ①
- ◆ Go to the same number below to find out how to fill out the form.
- ◆ Type or print in blue or black ink
- ◆ If you know the CASE NUMBER fill it in. If not known, leave it blank.

The image shows a sample of the Petition (FL-100) form. It includes fields for Petitioner/Respondent names and Case Number. Section 10 asks about community and quasi-community property. Section 11 lists other requests like attorney's fees and name restoration. Section 12 is a declaration of understanding. There are signature lines for the petitioner and attorney. Two notices are included at the bottom regarding social security numbers and cancellation of rights. The form is titled 'PETITION—MARRIAGE/DOMESTIC PARTNERSHIP (Family Law)'.

- ① Write your name and the name of the respondent. Write your case number if you have one.
- ② If you and the other party do not have any assets (property) or debts (money you owe) for the court to divide check box “a”. If you and the other party have assets (property) or debts (money you owe) to divide, check box “b” and one of the boxes below. Check “in Property Declaration” and attach an FL-160 listing the property. List all property and debts you and your spouse got together during the marriage. If you have separate property to want to include, such as a vehicles purchased before you were married, you can complete another Property Declaration and include your separate property. OR check “in Attachment 10b” (use another piece of paper and write Attachment 10b at the top) OR check “as follows” and list all of your community property/debt below.
- ③ Check “a” if you have attorney’s fees and check the box “petitioner” or “respondent” indicating who you want to pay those fees.
Check “b” if you would like your former name back. Write your former name.
Check “c” if you have any other requests and write your request.

Read #12

- ④ Date, print and sign your name.
- ⑤ Read these two notices.

How to fill out
**DECLARATION UNDER
 UNIFORM CHILD CUSTODY
 JURISDICTION and
 Enforcement Act
 (FL-105/GC-120)**

NOTE: If there are no minor children in your case, you do not need to complete this form.

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO: 1 FAX NO. (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name) SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: 2 CITY AND ZIP CODE: BRANCH NAME: PETITIONER: (This section applies only to family law cases) RESPONDENT: 3 OTHER PARTY: GUARDIANSHIP OF (Name): 4 Minor CASE NUMBER:	FOR COURT USE ONLY 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.

5 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 **12**.

6 3. There are (specify number) **6** 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.)

7 a. Child's name	8 Place of birth	9 Date of birth	10 Sex
11 Period of residence to present	12 Address <input type="checkbox"/> Confidential	13 Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	14 Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
15 b. Child's name			
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
11 Period of residence to present	12 Address <input type="checkbox"/> Confidential	13 Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	14 Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

16 Additional residence information for a child listed in item a or b is continued on attachment 3c.

17 Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

Form Adopted Mandatory Title Judicial Council of California FL-105(GC-120) Rev. January 1, 2006 Page 1 of 2 Family Code, § 3400 et seq.; Probate Code, §§ 3113(a), 3112 www.courtinfo.ca.gov

- 1** Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
 - 2** If not filled in for you, print "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724.
 - 3** Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
 - 4** Leave this box blank.
 - 5** If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items **12** & **13**.
 - 6** Fill in the number of minor children from this relationship (minor children – under age 18).
 - 7** For the oldest child, fill in the first and last name.
 - 8** Fill in the city and state where this child was born.
 - 9** Fill in the child's date of birth (MM/DD/YY).
 - 10** If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.
- For **11** through **14** give information from now to the past 5 years, working backward:**
- 11** The beginning and ending date the child lived at the address (from when to when at that address).
 - 12** For the dates you listed, print the city and state where the child lived.
 - 13** Name of person(s) (adult) the child lives or lived with and the physical addresses.
 - 14** Relationship means how the adult is related to the child. For example, mother or father.
 - 15** If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from **7** to **10**. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from **11** to **14**.
 - 16** If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
 - 17** If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

FL-105/GC-120

SHORT TITLE	CASE NUMBER
-------------	-------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

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

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

25. 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.

FL-105/GC-120 (Rev. January 1, 2006) DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Page 2 of 2

DECLARATION (FL-105/GC-120)

- Page two -

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 18
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

- 18 If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
- 19 If you check yes, mark the box next to the type of other case; the case number; the court's name, county, and state. Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- 20 If there is no current protective order (a restraining order) in effect, skip to 22. Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).
- 21 If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
- 22 If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step 24.
- 23 If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this case.
- 24 Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- 25 If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

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

CASE NAME:		CASE NUMBER:	
1 ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)			
<input type="checkbox"/> CHILD'S name Residence information is the same as given on form FL-105(A)/GC-120(A) or, IF NOT the same, provide the information below:		Place of birth:	Date of birth:
Period of residence:	Address:	Person child lived with (name and complete current address):	Relationship:
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	
to	CHILD'S residence (City, State)	Person child lived with (name and complete current address)	
to	CHILD'S residence (City, State)	Person child lived with (name and complete current address)	
to	CHILD'S residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> CHILD'S name Residence information is the same as given on form FL-105(A)/GC-120(A) or, IF NOT the same, provide the information below:		Place of birth:	Date of birth:
Period of residence:	Address:	Person child lived with (name and complete current address):	Relationship:
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	
to	CHILD'S residence (City, State)	Person child lived with (name and complete current address)	
to	CHILD'S residence (City, State)	Person child lived with (name and complete current address)	
to	CHILD'S residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> CHILD'S name Residence information is the same as given on form FL-105(A)/GC-120(A) or, IF NOT the same, provide the information below:		Place of birth:	Date of birth:
Period of residence:	Address:	Person child lived with (name and complete current address):	Relationship:
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	
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 1 of 2

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

Form adopted by Amendment 10A
Florida Court Procedures
FL-105(A)/GC-120(A)
PARTNERSHIP, 2008

Form No. 3-2008-0001
Revised 06/05/10

**How to fill out the attachment to
DECLARATION UNDER
UNIFORM CHILD CUSTODY
Jurisdiction and
Enforcement Act
(FL-105(A)/GC-120(A))**

NOTE: Use this form only if you have more than two minor children in your case.

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: **1**
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

1 Use this page if there are more than 2 children from **this** relationship. Fill out the same way you did for the first two children. Ask for more forms if needed.

How to fill out

DECLARATION OF DISCLOSURE (FL-140)

DIRECTIONS

- Find the number on the sample form. Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- If you know the CASE NUMBER fill it in.

FL-140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO. 1	FAX NO.
E-MAIL ADDRESS: ATTORNEY FOR (Name)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS 2	
MAILING ADDRESS	
CITY AND ZIP CODE	
BRANCH NAME	
PETITIONER: 3	
RESPONDENT:	
OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE 4	
<input type="checkbox"/> Petitioner's	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Respondent's	<input type="checkbox"/> Final
CASE NUMBER	

5 DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

6 Attached are the following:

- A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
- A completed Income and Expense Declaration (form FL-150).
- All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
- A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form).
- A statement of all material facts and information regarding obligations for which the community is liable (not a form).
- An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).

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

Date: **11** _____

(TYPE OR PRINT NAME) SIGNATURE

Page 1 of 1
Form Adopted for Mandatory Use
Judicial Council of California
FL-140 (Rev. July 1, 2013)

**DECLARATION OF DISCLOSURE
(Family Law)**

Family Code, §§ 2102, 2104,
2105, 2108, 2112
www.courts.ca.gov

- 1 Write your name, address and phone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724-2201. The Branch name is: B.F. Sisk Courthouse.
- 3 Write the name of the petitioner and respondent. The petitioner is the person who started the case.
- 4 Check the box that identifies you as the petitioner or respondent. Check "preliminary", "final" or both.
- 5 Read this section carefully.
- 6 Check box #1 and complete and attach the Schedule of Assets and Debts (form FL-142) [You may attach the Property Declaration instead. This form is not included in this packet]
- 7 Check box #2 and complete and attach the Income and Expense Declaration.
- 8 Check box #3 and attach your tax returns.
- 9 Check box #4 and #5 if there are community assets and/or debts and on a separate sheet of paper list the material facts.
- 10 Check box #6 and attach a declaration if any investment or other business opportunities have been presented to you since your separation.
- 11 Date, print and sign your name.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):
 TELEPHONE NO.:

1

ATTORNEY FOR (Name):
 SUPERIOR COURT OF CALIFORNIA COUNTY OF FRESNO
 1100 Van Ness Avenue - Fresno, California 93724-0002 2

PETITIONER:
 RESPONDENT: 3

SCHEDULE OF ASSETS AND DEBTS 4
 Petitioner's Respondent's

CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued. 5

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) 6			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.) 7				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.) 8				

How to fill out

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name, address and phone number.
- 2 Write "Fresno" after Superior Court of California, County of.
- 3 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent.
- 5 Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - *Current gross fair market value*: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6 List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
- 7 List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- 8 List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 12
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
	9			\$	\$
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>				
	10				
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
	11				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
	12				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
	13				
8.	CASH <i>(Give location.)</i>				
	14				
9.	TAX REFUND				
	15				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

- 9 List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- 10 For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of latest statements for each account.
- 11 Provide the same information as above for Checking Accounts.
- 12 Provide the same information as above for Credit Union or similar accounts.
- 13 If you have stored cash somewhere, write the location in the space provided.
- 14 If you received a tax refund this year, provide that information. Otherwise leave blank.
- 15 Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 16
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
16	11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
17	12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
18	13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
19	14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
20	15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
21	16. OTHER ASSETS				
22	17. TOTAL ASSETS FROM CONTINUATION SHEET				
23	18. TOTAL ASSETS			\$	\$

FL-142 (Rev. January 1, 2008)
SCHEDULE OF ASSETS AND DEBTS (Family Law)
Page 3 of 4

- 16 If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- 17 List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities – amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation – wages that are not taken now, but is paid later
- 19 If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- 20 If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- 21 List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- 23 Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page four -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 25
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS (Give details.) 24		\$	
20.	TAXES (Give details.) 25			
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.) 26			
22.	LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.) 27			
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) 28			
24.	OTHER DEBTS (Specify): 29			
25.	TOTAL DEBTS FROM CONTINUATION SHEET 30			
26.	TOTAL DEBTS 31		\$	

27. (Specify number) _____ pages are attached as continuation sheets.

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) 33 (SIGNATURE OF DECLARANT)

FL-142 (Rev. January 1, 2006) SCHEDULE OF ASSETS AND DEBTS (Family Law) Page 4 of 4

*List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.*

- 24 If you or your spouse currently have any student loans, list the details here.
- 25 If you or your spouse owes money for taxes, list details here.
- 26 Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- 27 Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- 28 List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29 List any other debts owed by you or your spouse.
- 30 If you used extra sheets, add up all amounts and list them here.
- 31 Add up your total debts (19-25) and fill in the amount.
- 32 If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33 Date the form. Type or print your name on the left. Sign your name on the right.

How to fill out INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

- ◆ Find the number on the sample form
Example: 1
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

<p style="font-size: small; margin: 0;">ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">1</p> <p style="font-size: x-small; margin: 0;">TELEPHONE NO. E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">2</p> <p style="font-size: small; margin: 0;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">3</p> <p style="font-size: x-small; margin: 0;">PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT/CLAIMANT</p>	<p style="text-align: center; font-size: 10px; margin: 0;">FOR COURT USE ONLY</p> <p style="text-align: right; font-size: 8px; margin: 0;">FL-150</p> <p style="font-size: x-small; margin: 0;">CASE NUMBER</p>
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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 (back out social security numbers)

4

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) 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**

5

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**

6

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): _____

7 (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)

8

(SIGNATURE OF DECLARANT)

Page 1 of 4
Form Adopted for Mandatory Use
Judicial Branch of California
FL-150 (Rev. January 1, 2007)
Essential Forms
Family Code, §§ 2030-2032,
2100-2113, 3045, 3020-3034,
4050-4076, 4200-4239
www.courtinfo.ca.gov

- 1 Print your name, address and phone number.
- 2 If not filled in for you write the Court's address. Write "Fresno" after COUNTY OF. The address is 1130 "O" Street, Fresno, CA 93724-2201. The branch name is: B.F. Sisk Courthouse.
- 3 Fill in the names of the Petitioner and Respondent. (The Petitioner is the person that started the case.)
- 4 Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
 - Fill in the employer information and your occupation. Example: Driver
 - Fill in the date your job started (e). If you're unemployed write the date your job ended (f).
 - Fill in how many hours you work (g) and how much you are paid before taxes are taken out (h).
 - Be sure to include **copies of our pay stubs** for the last two months. Use a **dark marker** to cross out your Social Security number.
- 5 Fill in your age and education information.
- 6 Fill in your tax information.
- 7 Write the total amount the other person in this case makes in a month, before taxes, and explain how you know this.
- 8 Date, print your name on the left and sign on the right.

INCOME AND EXPENSE DECLARATION (FL-150)

-page two-

DIRECTIONS

- ◆ Find the number on the sample form
Example: **1**
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	1	CASE NUMBER:	FL-150
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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	Total
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)	\$

FL-150 (Rev. January 1, 2007) Page 2 of 4

INCOME AND EXPENSE DECLARATION

- 1** Print the first and last names of petitioner (person who started the case) and the respondent. Write case number. *Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.*
- 2** This area has to do with your income. Review letters (a) thru (l). Write how much money you are paid each month in the "last month" column on the right. To get your "average monthly" add up your income for the last 12 months and divide by 12.
- 3** If you have investment income list the monthly income and average monthly income you receive.
- 4** Fill out this section if you are self-employed (own a business). Include a "profit and loss statement" for each business or a Schedule C from your last federal tax return.
- 5** Check #8 "Additional Income" if you received extra money in the last 12 months. Write down the amount and where the money came from. **Examples:** "I won the lottery." "My uncle left me money in his will." Check #9 "Change in Income" if the amount of money you normally receive has changed in the past 12 months. Write down the reason. **Examples:** "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- 6** Fill in the amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (g) you must write an explanation on a separate page labeled "Question 10g."
- 7** List your assets (accounts, stocks and bonds, property, etc.) Write the total value (worth) for each line listed.

INCOME AND EXPENSE DECLARATION (FL-150)

-page three-

DIRECTIONS

- ◆ Find the number on the sample form
Example: **1**
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

FL-150

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	1 CASE NUMBER
--	-------------------------

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. 2				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) Rent or mortgage \$ _____ h. Laundry and cleaning \$ _____

 If mortgage: (a) average principal: \$ _____ j. Education \$ _____

 (b) average interest: \$ _____ k. Entertainment, gifts, and vacation \$ _____

(2) Real property taxes \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____

(4) Maintenance and repair \$ _____ n. Savings and investments \$ _____

b. Health-care costs not paid by insurance \$ _____ o. Charitable contributions \$ _____

c. Child care \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____

d. Groceries and household supplies \$ _____ q. Other (specify): _____ \$ _____

e. Eating out \$ _____ r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

f. Utilities (gas, electric, water, trash) \$ _____ s. Amount of expenses paid by others \$ _____

g. Telephone, cell phone, and e-mail \$ _____

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: _____ **6**

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

FL-150 (Rev. January 1, 2007)
INCOME AND EXPENSE DECLARATION
Page 3 of 4

- 1** Write the name of the petitioner and the name of the respondent.
- 2** Give information about all persons who live with you.
 - Write their names, ages and how they are related to you (parent, child, other relative, friend).
 - Write down each person's monthly income, before taxes, and check the "yes" or "no" box if this person pays some of the living expenses.
- 3** **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check the third box only if you expect these to be your expenses each month.
 - Review (a) through (o) and list the expense (how much it will cost) each month for each area.
 - (p) List the total amount you pay each month for the items you list on **#14-Installment payments**.
 - (r) List your total expenses from #13 and #14.
- 4** List your monthly installments payments and debts. These include any monthly payments you have that are not above. They could include car payments, credit card payments, loans, etc.
 - First column: fill in the name of the creditor (who gets the payment). Example: Bank of XYZ.
 - Second column: describe what the payment is for.
 - Third column: amount of last payment
 - Fourth column: total amount you still owe
 - Date of your last payment
- 5** If you are represented by an attorney and are requesting the other party pay some or all of your attorney fees complete this section. If you do not have an attorney and have not paid any attorney fees leave this section blank.
- 6** **Do not fill out this section. Skip to the next page.**

FL-150

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER
--	-------------

1

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

16. Number of children
 a. I have (specify number) **2** 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 percentages or it has not been agreed on, please describe your parenting schedule here.)

3

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:

4

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):	\$ _____	

5

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 losses)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children (specify):		

6

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

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

7

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

8

FL-150 (Rev. January 1, 2007) Page 4 of 4

INCOME AND EXPENSE DECLARATION

Florida Bar
ESSENTIAL FORMS™

INCOME AND EXPENSE DECLARATION (FL-150)

-page four-

DIRECTIONS

- ◆ Find the number on the sample form
Example: **1**
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

- 1** Print the first and last names of petitioner (person who started the case) and the respondent. Write the case number.
Fill out the rest of this page only if your case involves child support.
- 2** Fill in the number of children you have with the other parent that are **under age 18**.
 - Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
 - If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- 3**
- 4** Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance DO NOT include costs already paid by your job.
- 5** Fill in monthly amounts that apply to you regarding: (a) child care, (b) uncovered health care for the children, (c) travel expenses for visitation or (d) children's education or special needs. Describe expenses needed for (d).
- 6** List any "special hardships" (things that make daily living hard.)
 - Complete (a) or (b) if they apply to you.
 - Complete (c) 1-3 if you have children from another relationship living with you.
- 7** If you filled out anything under Special Hardships explain why they create an extreme hardship for you.
- 8** In this space you may write other information you want the court to know about your case.

How to fill out

**RESPONSE
(FL-120)**

DIRECTIONS

- ◆ **Leave this blank.**
Respondent fills out this form.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and address)		FL-120
TELEPHONE NO: _____ FAX NO: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		
PETITIONER: _____ RESPONDENT: _____		
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER: _____	

1. **LEGAL RELATIONSHIP** (check all that apply):

- We are married.
- We are domestic partners and our domestic partnership was established in California.
- We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):

- Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
- We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.
 Petitioner's residence (state or nation): _____ Respondent's residence (state or nation): _____
- Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. **STATISTICAL FACTS**

- (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____ (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN** (children born before (or born or adopted during) the marriage or domestic partnership):

- There are no minor children.
- The minor children are:

Child's name	Birthdate	Age	Sex

(1) continued on Attachment 4b.
 (2) a child who is not yet born.

- If there are minor children of Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form EL-105) must be attached.
- Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-120 (Rev. January 1, 2015)

**RESPONSE—MARRIAGE/DOMESTIC PARTNERSHIP
 (Family Law)**

Page 1 of 3
 Family Code, § 2020
 www.courts.ca.gov

Leave this form blank. This form is served on Respondent. Respondent fills out this form.

How to fill out

PROOF OF SERVICE OF SUMMONS (FL-115)

DIRECTIONS

The image shows a sample of the FL-115 form. It is titled 'PROOF OF SERVICE OF SUMMONS' and is for the Superior Court of California, County of Fresno. The form is divided into sections for 'ATTORNEY OR PARTY WITHOUT ATTORNEY' and 'FOR COURT USE ONLY'. It includes fields for telephone and fax numbers, mailing address, petitioner and respondent names, and a list of forms being served. The form is annotated with numbered callouts (1-7) pointing to specific fields: 1. Attorney/Party contact info; 2. Mailing address; 3. Petitioner/Respondent names; 4. Case type selection; 5. Additional forms; 6. Address where served; 7. Service method selection.

- ◆ Find the number on the sample form.
- ◆ Go to the same number below to find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ Fill in the CASE NUMBER.

- 1 Write your name and address. You may write your phone, e-mail address and fax number.
- 2 Write “Fresno” after COUNTY OF. The address is 1130 "O" Street, Fresno, CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- 3 Write the full names (first, middle, last) of the parties. You are the “Petitioner” if you have started the case. You are the “Respondent” if another person started the case against you.
- 4 Check the box that applies to you. Check “Family Law” if you are married or domestic partners, “Uniform Parentage” if you are unmarried or “Custody and Support” if you are married or unmarried and only requesting custody/visitation/support orders.
- 5 Check the boxes indicating the forms that you are serving on the other party. If there are additional forms, write the form names under “Other”.

The rest of this form is filled out by the person who serves the party for you. You can't serve the other party yourself. Someone who is over the age of 18 must **PERSONALLY** serve the other party. **That person will complete the rest of this PROOF OF SERVICE.**

- 6 Write the address where the Respondent was served.
- 7 If you were able to have the Respondent personally served, check the box #3(a) for “Personal Service”. The person that served your papers for you will write in the date and time they served the papers. If unable to personally serve, the respondent can be served by “Substitute Service” by trying to serve on at least 3 different dates and times at respondent's home or business. Check #3(b) “Substitute Service” and check boxes (1) or (2) and write the date and time the papers were left with a responsible adult at respondents home or business. (You must then mail a copy of the same papers addressed to the respondent at the home or business described.) Write the date of mailing. Attach a declaration stating the attempts that were made to serve the other party including dates, times and addresses.

How to fill out
**PROOF OF SERVICE
OF SUMMONS
(FL-115)**

Page 2

DIRECTIONS

(Continued from page 1)

FL-115

PETITIONER: RESPONDENT:	1	CASE NUMBER
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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): _____

2 (1) with two copies of the Notice and Acknowledgment of Receipt (form FL-117) and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt (form FL-117).) (Code Civ. Proc., § 415.30.)

(2) to an address outside California (by registered or certified mail with return receipt requested). (Attach signed return receipt or other evidence of actual delivery to the respondent.) (Code Civ. Proc., §§ 415.40, 417.20.)

d. Other (specify code section): _____
 Continued on Attachment 3d.

4. Person who served papers

3 Name: _____
Address: _____

Telephone number: _____

This person is

4 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--
 I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date: _____ 5

(NAME OF PERSON WHO SERVED PAPERS)

(SIGNATURE OF PERSON WHO SERVED PAPERS)

FL-115 (Rev. January 1, 2015) PROOF OF SERVICE OF SUMMONS Page 2 of 2
(Family Law—Uniform Parentage—Custody and Support)

- 1 Write your name and the name of the respondent. Write your case number.
- 2 If the Respondent agrees to accept the papers, they may be mailed to the respondent with a “Notice and Acknowledgment of Receipt” form FL-117, which must be signed and returned to the court for filing along with the Proof of Service. Check box 3(c), fill in the date and city and then check (1). If the respondent lives out of State the forms may be mailed by registered or certified mail, with return receipt requested. The receipt must be submitted to the court with the Proof of Service.
- 3 Check box 4(a). *Unless the respondent is:* a Minor, Ward of the Court, Conservator or other. If so check the appropriate box.
- 4 The person that served the other party will write their name, address and phone number. If the person who delivered the papers is not a sheriff or registered process server, check box 4b and 5.
- 5 The person who served the papers will date, print and sign their name.

BLANK FORMS

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

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

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

Petitioner's name is:
Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-120) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p> <p>If you do not file your <i>Response</i> on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.</p> <p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local county bar association.</p>	<p>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p> <p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.</p> <p>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.</p>
<p>NOTICE—RESTRAINING ORDERS ARE ON PAGE 2: These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.</p>	<p>AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2: Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.</p>
<p>FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p>EXENCIÓN DE CUOTAS: 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.</p>

[SEAL]

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

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

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. *llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;*
2. *cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

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 towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO: ¿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 el 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.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply):
 - a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):
 - a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
 - b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.
 Petitioner's residence (state or nation): _____ Respondent's residence (state or nation): _____
 - c. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. **STATISTICAL FACTS**
 - a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN** (children born before (or born or adopted during) the marriage or domestic partnership):
 - a. There are no minor children.
 - b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
(1) <input type="checkbox"/> continued on Attachment 4b .			
(2) <input type="checkbox"/> a child who is not yet born.			
 - c. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#)) must be attached.
 - d. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

PETITION—MARRIAGE/DOMESTIC PARTNERSHIP (Family Law)

Petitioner requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210, 2310–2312)

- a. Divorce or Legal separation of the marriage or domestic partnership based on (*check one*):
 - (1) irreconcilable differences. (2) permanent legal incapacity to make decisions.
 - b. Nullity of void marriage or domestic partnership based on:
 - (1) Nullity of voidable marriage or domestic partnership based on:
 - (1) petitioner's age at time of registration of domestic partnership or marriage.
 - (2) prior existing marriage or domestic partnership.
 - (3) unsound mind.
 - c. Nullity of voidable marriage or domestic partnership based on:
 - (1) petitioner's age at time of registration of domestic partnership or marriage.
 - (2) prior existing marriage or domestic partnership.
 - (3) unsound mind.
 - (4) fraud.
 - (5) force.
 - (6) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. Legal custody of children to Petitioner Respondent Joint Other
- b. Physical custody of children to Petitioner Respondent Joint Other
- c. Child visitation (parenting time) be granted to Petitioner Respondent Joint Other
- d. As requested in:
 - form [FL-311](#) form [FL-312](#) form [FL-341\(C\)](#)
 - form [FL-341\(D\)](#) form [FL-341\(E\)](#) Attachment [6c\(1\)](#)

7. CHILD SUPPORT

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

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (*specify*):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in *Property Declaration* (form [FL-160](#)) *Attachment 9b*

Confirm to

Item

the following list:

CASE NUMBER:	PETITIONER: RESPONDENT:
--------------	----------------------------

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form [FL-160](#)) in [Attachment 10b](#).
 - as follows (*specify*):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Petitioner's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on [Attachment 11c](#).

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY FOR PETITIONER)

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: _____ <i>(This section applies only to family law cases)</i> RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF <i>(Name)</i> : _____ <i>(This section applies only to guardianship cases)</i>	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 <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
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. <i>(If NOT the same, provide the information below)</i>				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential		Relationship
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		

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

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

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 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: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<div style="text-align: center;">DECLARATION OF DISCLOSURE</div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :	TELEPHONE NO.:
ATTORNEY FOR <i>(Name)</i> :	
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1130 "O" Street Fresno, California 93724-2201	
PETITIONER:	
RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16. OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET				
18. TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19. STUDENT LOANS <i>(Give details.)</i>			\$	
20. TAXES <i>(Give details.)</i>				
21. SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>				
22. LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>				
23. CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>				
24. OTHER DEBTS <i>(Specify):</i>				
25. TOTAL DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS			\$	

27. *(Specify number):* _____ pages are attached as continuation sheets.

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO 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) per month per week per hour.

(If you have more than one job, attach an 8½-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 8½-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)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply):
 - a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):
 - a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
 - b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.
 Petitioner's residence (state or nation): _____ Respondent's residence (state or nation): _____
 - c. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. **STATISTICAL FACTS**
 - a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years Months
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years Months

4. **MINOR CHILDREN** (children born before (or born or adopted during) the marriage or domestic partnership):
 - a. There are no minor children.
 - b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>

(1) continued on [Attachment 4b](#).
 (2) a child who is not yet born.

 - c. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#)) must be attached.
 - d. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

PETITIONER: RESPONDENT:	CASE NUMBER:
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Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. **Respondent contends** that the parties never legally married or registered a domestic partnership.
- b. **Respondent denies** the grounds set forth in item 5 of the petition.
- c. **Respondent requests**
 - (1) divorce legal separation of the marriage or domestic partnership based on
 - (a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
 - (2) nullity of void marriage or domestic partnership based on
 - (a) incest. (b) bigamy.
 - (3) nullity of voidable marriage or domestic partnership based on
 - (a) respondent’s age at time of registration of domestic partnership or marriage. (d) fraud.
 - (b) prior existing marriage or domestic partnership. (e) force.
 - (c) unsound mind. (f) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- | | 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. Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in: <input type="checkbox"/> form FL-311 <input type="checkbox"/> form FL-312 <input type="checkbox"/> form FL-341(C) | | | | |
| <input type="checkbox"/> form FL-341(D) <input type="checkbox"/> form FL-341(E) <input type="checkbox"/> Attachment 6c(1) | | | | |
| d. <input type="checkbox"/> Determine the parentage of children born to Petitioner and Respondent before the marriage or domestic partnership. | | | | |

7. CHILD SUPPORT

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

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (*specify*):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in *Property Declaration* (form [FL-160](#)) [Attachment 9b](#)
 the following list. Item Confirm to

PETITIONER: RESPONDENT:	CASE NUMBER:
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form [FL-160](#)) in [Attachment 10b](#).
 - as follows (*specify*):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on [Attachment 11c](#).

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)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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

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

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

2. Address where respondent was served:

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

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

on (date): _____ at (time): _____

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

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

4. **Person who served papers**

Name:
Address:

Telephone number:

This person is

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

5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or—
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS)



(SIGNATURE OF PERSON WHO SERVED PAPERS)