Instructions For Answer to Complaint Regarding Parental Obligation

WHEN TO USE THIS PACKET

Use this packet if you want to:

- ➤ Respond to Complaint Regarding Parental Obligation served on you from County of Fresno DCSS
- Request a different order for Child Support
- ➤ Request a blood test to determine if you are the parent or not

STEPS IN RESPONDING TO PATERNITY:

The forms in this packet can be used to Answer the Complaint Regarding Parental Obligation.

You have 30 days from the date you were served to serve the other party with a copy of your Answer and to file your Answer with the court.

- You will need to complete the paper work enclosed with this packet;
- Have it reviewed for completeness and correctness;
- Make 2 copies and have someone over the age of 18 <u>other than you</u> mail a copy of your Answer to Family Support and complete the Proof of Service;
- File your Answer and the Proof of Service with the court.

FORMS NEEDED:

Answer to Complaint for Parental Obligation	FL-610
Financial Statement	FL-155
Proof of Service by Mail	FL-335
SHP-01 R1-12	

SAMPLE FORMS

	FL-6
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	╡
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:	7
RESPONDENT/DEFENDANT: 3	
OTHER PARENT:	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT	CASE NUMBER:
REGARDING PARENTAL OBLIGATIONS	
agency. Keep a copy for your records.	
PARENTAGE: I am the parent of the following children:	
Name of child	Date of Birth
Name of child Yes No	Date of Birth
Name of child	Date of Birth
Yes	Date of Birth
Yes No No Yes No Yes No Yes No Yes No Additional children are listed on a page attached to this <i>Answer</i> .	e checked a 'No' box above. I understand
Name of child Yes No Yes No Yes No Yes No Yes No Additional children are listed on a page attached to this <i>Answer</i> . I request a genetic test to determine parentage be done for all children for whom I have that the local child support agency will pay for the cost of the testing now, but that I me	e checked a 'No' box above. I understand
Name of child Yes No Yes No Yes No Yes No Yes No Additional children are listed on a page attached to this <i>Answer</i> . I request a genetic test to determine parentage be done for all children for whom I have that the local child support agency will pay for the cost of the testing now, but that I mudecides that I am the parent.	e checked a 'No' box above. I understand
Yes No No S No S No S No S No	e checked a 'No' box above. I understand
Name of child Yes No Additional children are listed on a page attached to this <i>Answer</i> . 2. I request a genetic test to determine parentage be done for all children for whom I have that the local child support agency will pay for the cost of the testing now, but that I me decides that I am the parent. 3. CHILD SUPPORT a. 1 agree to pay support as slated in the proposed judgment.	e checked a "No" box above. I understand ly have to repay those costs if the court
Yes No No S No S No S No S No	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Name of child Yes No I diditional children are listed on a page attached to this <i>Answer</i> . 2. I request a genetic test to determine parentage be done for all children for whom I har that the local child support agency will pay for the cost of the testing now, but that I m decides that I am the parent. 3. CHILD SUPPORT a. I agree to pay support as stated in the proposed judgment. b. I clissgree with the support requested. Attached is my completed <i>Income an</i>	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes No No Yes Yes	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand y have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand ly have to repay those costs if the court of Expense Declaration (form FL-150) or
Yes	e checked a "No" box above. I understand by have to repay those costs if the court if Expense Declaration (form FL-150) or the without either of these forms. Page 10 COMPLAINT Family Code, 55 77.

How to fill out

ANSWER TO COMPLAINT or Supplemental Complaint Regarding Parental Obligations (FL-610)

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 known, leave it blank.
- Write your name and address. You may also write your phone, fax and email address, but this is your choice.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724-0002. The Branch Name is: B.F. Sisk Courthouse.
- Write the name of the agency that filed the Complaint against you (for example, County of Fresno, FSD), next to "Petitioner/Plaintiff."

Write your name next to "Respondent/Defendant."

Write the other parent's name next to "Other Parent."

- **4** There is nothing to fill out, but you should read this section carefully.
- **S** List the names of all children that are part of this case under <u>Name of child</u> and list their birthday under <u>Date of Birth</u>. Check "yes" if you agree that you are the parent, and "no" if you do not believe that you are the parent.
- **6** Check the box if additional children are listed on a page attached to this Answer.
- 7 If you checked any "No" boxes above, you are giving the court permission to order a test to find out if you are or are not the parent of the child or children. You do not have to pay for this test unless the test shows that you are the parent.
- **3** Check a. if this statement is true for you. Check b. if you do not agree. You can attach one of the forms described, but you are not required to do so.
- **9** If you disagree with the "proposed judgment," check the box and write down your reasons in the space provided. For example, "I do not believe the child is mine and I would like a blood test to decide if I am the father," or "The child is already living with me and I am already supporting the child."

	IER/PLAINTIFF:		CASE NUMBER:
RESPONDENT	T/DEFENDANT:		
		10	
0	THER PARENT:		
		eipt of all notices and court da	tes until I file a change with the court and
the local ch	nild support agency are as follows:		
	Address:		
,	d Zip Code:		
	Telephone:		
	Telephone:		
E-mail Addres			
	penalty of perjury under the laws	of the State of California that the f	oregoing is true and correct.
Date:			
		A	
		12	
	(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
An adult oth	er than you must complete the	Proof of Service below and	provide a copy of this Answer to the loc-
an adult other	er man you must complete me	Proof of Service below and	provide a copy of this Answer to the loc
Id support	agency at the following address	s (specify):	
ש			
		PROOF OF SERVICE	
6. Lamatleas	st 18 years of age, and not a party	to this action. I served this Answe	ar and any other forms filed with the Answer
on the local	l child support agency and any oth	er party required to be served.	,
a. 🗀	Personal delivery. I personally d	elivered this <i>Answer</i> to an employ	ree of the local child support agency as follows:
_	(1) Name of employee:		
	(2) Address where delivered:		
	(E) / ladi oco illioro doll'orod:		
	(3) Date of delivery:		
	(4) Time of delivery:		
b. 🗀	Mail. I deposited this Answer in th	e United States mail, in a sealed	envelope with postage fully prepaid. I used first o
	mail. The envelope was addresses	d and mailed as follows:	
	maii. The envelope was addresse		
	(1) Name:		
	(1) Name: (2) Address:		
	(1) Name: (2) Address: (3) Date of mailing:	a).	
_	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state		
declare under	(1) Name: (2) Address: (3) Date of mailing:		oregoing is true and correct.
declare under	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state		oregoing is true and correct.
declare under	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state		oregoing is true and correct.
declare under	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of		•
declare under	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state		oregoing is true and correct. (SIGNATURE OF PERSON WHO SERVED ANSWER)
l declare under Date:	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the Company of the Comp	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER)
I declare under Date: This case m	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER) law, court commissioners do not have
I declare under Date: This case mauthority to	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the company of the comp	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER) law, court commissioners do not have use they are acting as temporary judges.
I declare under Date: This case m authority to court commis	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of (TYPE OR PRINT NAME) as be referred to a court of issue final orders and judgm	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER) law, court commissioners do not have ses they are acting as temporary judges. Ses, before the hearing, you or any other p
I declare under Date: This case mauthority to count commis	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the complete of the count issue final orders and judgn saloner in your case will as the commissioner acting as	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER) law, court commissioners do not have use they are acting as temporary judges.
I declare under Date: This case mauthority to court commisobjects to tillitindings and	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the commissioner and judgn ssioner in your case will ache commissioner acting as a recommended order. If you discount in the commissioner acting as a recommended order. If you discount is the commissioner acting as a recommended order. If you discount is the commissioner acting as a recommended order. If you discount is the commissioner acting as a recommended order. If you discount is the commissioner acting as a creammended order. If you discount is the commissioner acting as a commended order. If you discount is the commended order is the commended order.	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER) law, court commissioners do not have sess they are acting as temporary judges. less, before the hearing, you or any other prommissioner may still hear your case to n
declare under Date: This case mauthority to court commissionly to the court commission of the court court court court court	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the common	of the State of California that the f	(SIGNATURE OF PERSON WHO SERVED ANSWER) law, court commissioners do not have sess they are acting as temporary judges. ess, before the hearing, you or any other proormissioner may still hear your case to not der, you must object to it within 10 court day
This case matherity to court committed objects to the findings and writing (use for the Court.)	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the penalty of penalty of the penalty o	commissioner for hearing. By tents in contested cases unit as a temporary judge unit a temporary judge. The court on ont like the recommended or tail, (form FL-666); otherwise, tid order, a judge will make a ter	law, court commissioners do not have ses they are acting as temporary judges. Ses, before the hearing, you or any other prommissioner may still hear your case to rider, you must object to it within 10 court day he recommended order will become a final on prorary order and set a new hearing.
I declare under Date: This case matthority to court committo objects to tillindings and	(1) Name: (2) Address: (3) Date of mailing: (4) Place of mailing (city and state penalty of perjury under the laws of the commission of the count of the commissioner acting as a recommended order. If you divided of Objection (Governmen If you object to the recommended if you object to the recommended order.	of the State of California that the f	[SIGNATURE OF PERSON WHO SERVED ANSWER] law, court commissioners do not have sess they are acting as temporary judges. less, before the hearing, you or any other prommissioner may still hear your case to rider, you must object to it within 10 court day he recommended order will become a final or imporary order and set a new hearing. ITAL COMPLAINT

ANSWER TO COMPLAINT (FL-610)

- page two -

DIRECTIONS

- Find the number on the sample form. *Example*:
- 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.

- Write the full name (first, middle, last) of all the parties.
- Fill in your address and phone numbers (and your email address if you choose). This is the address all legal papers will be sent unless you file a change of address with the court and child support agency.
- Fill in the date and print your name on the left. By signing your name on the right you are saying that everything written on this form is true and correct.
- DO NOT FILL OUT THE REST OF THIS FORM. LEAVE IT BLANK. USE FORM FL-335 FOR PROOF OF SERVICE.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (form Et-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form

You must file the completed Answer and attachments with the court clerk within 30 days of the date you received the Summons and Complaint (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the Summons and Complaint (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. Keep two copies of the filed Answer form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See Information Sheet for Service of Process, form FL-611.)

Upon receipt of your filed Answer, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side. Print your name, address, and telephone number in this box if they are not already there.

- 1. For each child listed on the Answer form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the Summons and Complaint (form FL-600) if your Answer form does not include the names of any children.
 - NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any Voluntary Declaration of Paternity which you may have signed (Family Code Section 7575).
- 2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the Complaint, you may have to repay this cost to the local child support agency.
- - You should check this box if you do not agree to pay the support asked for in the proposed Judgment Regarding Parental Obligations (form FL-630).
- 4. If you agree to pay the support asked for in the proposed Judgment Regarding Parental Obligations (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. If you have documents that prove your reasons for disagreeing with the proposed Judgment, you should attach the documents to the Answer form.
- 5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the *Answer* form, print your name, and sign the form under a penalty of perjury. When you sign the *Answer* form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service* of *Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. You cannot serve your own *Answer*.

FL-610 [Rev. January 1, 2003]

ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS

ANSWER TO COMPLAINT (FL-610)

- page three -

There is nothing to fill out here, but you should read this page carefully.

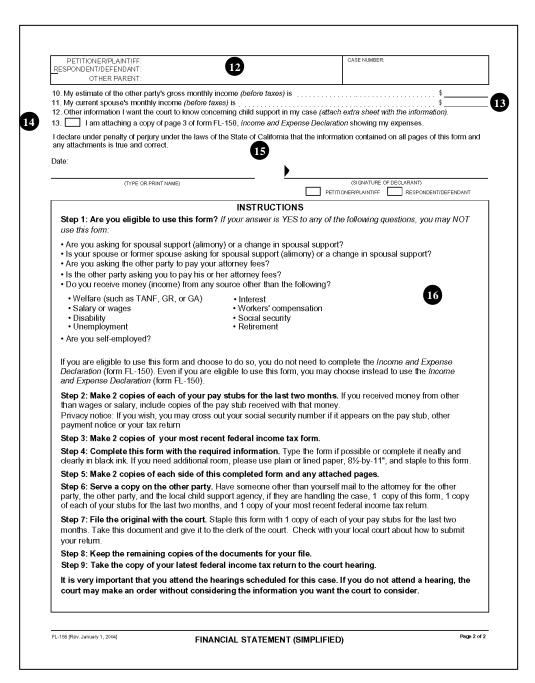
	and and address or obstants many and ages	91 71	LUPHOR TO PROCESS PAR CONTINUES	FL-18
-	0			
	MET POR STORES			
0.00	FROR COURT OF CALIFORMA	DOUMIY OF		
	RECT ADDRESS:	2		
	W0.09 000E			
-	PETITIONERIPLANTIFE			
1.75	SPONDEN VOEFENDANT	3		
	OTHER PARENT:		000000000	
	FINANCIAL S	STATEMENT (SIMPLIFIED)	COLUMN PARAMETER	
	NOTICE: Rec	d page 2 to find out if you qualify to a	use this form and how to use it.	
1. 0.		te it TANE, SSL or GA/GR		
, b.		, SSI, or GA/GR. Imber of natural or adopted children from	and the salesh and the	
		imber of natural of adopted chacken from tip are with me this amount of time	name reasonab	
b	The distanction this relation	thip are with the other parent this prices and ministron is provedly using earlier site.		
4. 55	y tax filing states is: S	nglo 🔲 married filling jointly 🔲	head of household married filing so	porolaty.
	y current gross income ¿belave This income com	Species per month is as from the following:		
		es. Amount before taxes per month		1
55	utra for Potiremon	Amount before taxes per month		1
	orths here Unomploys	sert compressition: Amount per month		10
	rose out Social sea	rts: SSI Other Amount	per month	i
	Disability /	unoust per month		
	embers) and occurs	one (from bank accounts or other): Am	ouni per month	-
6. II		other than as stated in this paragraph, see for the children in this case:		
	Day care or preedtool (callow me to work or go to school		4
3		by insurance		-
d.		in, or other special needs of the chird. billion		8
1.			ne living with me. Their monthly expenses	
100	that tpay are		va., 1.	
0.15		disky arreards (alevestratisch procifi		
		or see as charged and auditories (above).	reasons for expenses on separate sheet)	1
4	Required outrement par	ements (not woold security, FICA, 401b)		3
d.				
4.			ara not tering with the	
q	Monthly learning costs:	rent or mostpage		1
	Emorgago interest po	yments 5 teal property t	anas \$	77
E	aployer:	ny current emphysioent	necord employment	
	Kitoss logitona number:			
10	/ occupation:			
De	ille work started: de work stopped (if apprivable)	Miles with reput pares broaden	(Congote store solded isolat archard	

How to fill out

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

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 known, leave it blank.
- **1** Don't use this form for: Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 of the actual form to make sure you qualify to use this form. Then, write your name and address here.
- 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 You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- **4** Check 1.a. if you are on TANF, SSI, or GA/GR and this is the <u>only</u> money you get. If you check this box, skip to **(#8)** below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- **6** For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- For # 5, put in the amount of money you get each month <u>before</u> taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- **8** For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- **9** Check the box after # 7 if you have other children under age 18 living with you, who are not part of this case. Put in the number of children and list the amount of money you spend each month on them.
- Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.



FINANCIAL STATEMENT (FL-155)

- page two -

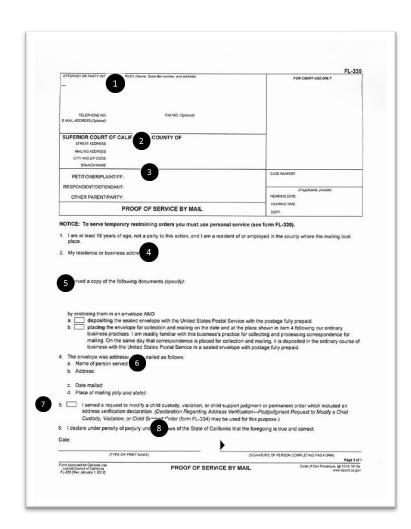
DIRECTIONS

- Find the number on the sample form.

 Example: 15
- ▶ 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.

- 12 List the full name of both parties in the case.
- Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.



How to fill out

PROOF OF SERVICE BY MAIL

(Family Law) FL-335

DIRECTIONS:

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

NOTE: the person serving the papers will use this form if they mailed the papers.

- 1 Write your name, address and telephone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724. The Branch Name is: Sisk Courthouse.
- Write the names of the parties. You are "Petitioner" if you started the case. You are the "respondent" if you are responding to the Petitioner. You may also be a "claimant" if the County of Fresno is the Petitioner or you are joined as a third party to the case.
- 4 The person who serves the papers for you will write their name and address here.
- Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)
- The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.
- If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.
- 8 The person who mailed the papers will date, print and sign their names.

FL-335-INFO

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Passonal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the

documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box.

Second box, fert side: Print the name of the county is which the legal action is filed and the court's address in this box. Use the same address for the count that is on the documents you are serving. Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving. First box, top of form, right side: Leave this box blank for the court's use. Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you clither live in or are employed in the county where the mailing took place.

 2. Print your home or business address sold and that you are not a party to this action. You are also stating that you clither live in or are employed in the county where the mailing took place.

 3. List the name of excoment that you mailed (the exact names are listed on the bottoms of the forms).

 a. Check this box if you put the documents in the regular U.S. mail.

 b. Check this box if you put the documents in the mail at your place of employment.

 4. a. Print the name you put on the envelope containing the documents.

 b. Print the date that you put the envelope containing the documents.

 c. Print the date that you put the envelope containing the documents.

 c. Print the date that you put were in when you mailed the envelope containing the documents.

 5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).

 6. You are stating under penalty of perjury that the information you have provided is true and correct.

 Print your name, fill in the deta, and sign the form.
- Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Code of Civil Procedure, 55 1013 201334

PROOF OF SERVICE **BY MAIL** (Family Law) FL-335-INFO

There is nothing to fill out on this page, but you should read these instructions.

BLANK FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO 1130 "O" Street	
Fresno, California 93724-0002	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:
YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH	I TO OPPOSE THE LAWSUIT
If you disagree with the proposed judgment attached to the <i>Summons and Col</i> with the court clerk within 30 days of the date you were served with the <i>Col</i> the court clerk at the address for the superior court stated above and serve agency. Keep a copy for your records.	mplaint. File the original Answer with
PARENTAGE: I am the parent of the following children:	
Name of child	Date of Birth
Yes No	
Yes No No	
Yes No	
Yes No	
Additional children are listed on a page attached to this <i>Answer</i> .	
2. I request a genetic test to determine parentage be done for all children for whom I have that the local child support agency will pay for the cost of the testing now, but that I may decides that I am the parent.	
3. CHILD SUPPORT	
 a.	
4. I disagree with the proposed judgment for the following reasons (specify):	

PETITIOI	NER/PLAINTIFF:	CASE NUMBER:
RESPONDEN	T/DEFENDANT:	
	OTHER PARENT:	
5. My addres	ss and telephone number for receipt of all notices and court dates until I hild support agency are as follows:	file a change with the court and with
	Address:	
City ar	nd Zip Code:	
Home Telephone:		
	Telephone:	
E-mail Addres	ss (optional):	
I declare unde	r penalty of perjury under the laws of the State of California that the foregoing is	true and correct.
Date:		
	(TYPE OR PRINT NAME) (S	SIGNATURE OF DECLARANT)
6. I am at lea on the loca a.	PROOF OF SERVICE set 18 years of age, and not a party to this action. I served this Answer and any of all child support agency and any other party required to be served. Personal delivery. I personally delivered this Answer to an employee of the local (1) Name of employee: (2) Address where delivered: (3) Date of delivery: (4) Time of delivery:	
b	Mail. I deposited this <i>Answer</i> in the United States mail, in a sealed envelope was addressed and mailed as follows:	rith postage fully prepaid. I used first class
	(1) Name: (2) Address:	
	(3) Date of mailing: (4) Place of mailing (city and state):	
l declare unde	r penalty of perjury under the laws of the State of California that the foregoing is	true and correct.
Date:		
	k	
	(TYPE OR PRINT NAME) (SIGNATURE	OF PERSON WHO SERVED ANSWER)

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use Notice of Objection (Governmental), (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed** *Answer* **form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See** *Information Sheet for Service of Process***, form FL-611.)**

Upon receipt of your filed Answer, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

<u>Front page, first box, top of form, left side.</u> Print your name, address, and telephone number in this box if they are not already there.

- 1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.
 - NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any *Voluntary Declaration of Paternity* which you may have signed (Family Code Section 7575).
- 2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
- 3. a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
- 4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.
- 5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the *Answer* form, print your name, and sign the form under a penalty of perjury. When you sign the *Answer* form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service* of *Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own** *Answer*.

Y	our name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
_			
АТ	TORNEY FOR (Name):		
	SUPERIOR COURT OF CALIFORNIA • COUNTY	OF FRESNO	
	1130 "O" Street		
	Fresno, California 93724-0002		
	PETITIONER/PLAINTIFF:		
	RESPONDENT/DEFENDANT:		
	OTHER PARENT:		
	FINANCIAL STATEMENT (SIMPLIFIE	D)	CASE NUMBER:
	NOTICE: Read page 2 to find out if you	qualify to use this form	and how to use it.
1.	a. My only source of income is TANF, SSI, or GA/GR.		
_	b. I have applied for TANF, SSI, or GA/GR.		
	I am the parent of the following number of natural or adopted o		
٥.	a. The children from this relationship are with me this amount ofb. The children from this relationship are with the other parent		
	c. Our arrangement for custody and visitation is (specify, using		
	· · · — · —	-	ehold married filing separately.
٥.	This income comes from the following:		<u>Ψ</u>
	Allacii i ——	month	
	stubs for Retirement: Amount before taxes per me		\$
	last 2 Unemployment compensation: Amount	per month	\$ \$
	months here Workers' compensation: Amount per mo (cross out Social security: SSI Other	nth	\$
			\$
	security Interest income (from bank accounts or		h\$
	numbers) I have no income other than as stated in this p		
6.	I pay the following monthly expenses for the children in this ca		
	a. Day care or preschool to allow me to work or go to s		
	b. Health care not paid for by insurance		
	c. School, education, tuition, or other special needs of td. Travel expenses for visitation		
7.	There are (specify number) other minor ch		
٠.	that I pay are		
8.	I spend the following average monthly amounts (please attach		
	a Job-related expenses that are not paid by my employ	ver (specify reasons for e	xpenses on separate sheet) \$
	b. Required union dues		
	c. Required retirement payments (not social security, F d. Health insurance costs		
	d. Health insurance costs		
	f. Spousal support I am paying because of a court order		
	g. Monthly housing costs: rent or mort	gage	\$
	If mortgage: interest payments \$ rea	property taxes \$	
9.	Information concerning my current employment	my most recent employ	yment:
	Employer: Address:		
	Telephone number:		
	My occupation:		
	Date work started:	an in anna de sta	hafara walk atan = = -10:
	Date work stopped (if applicable): What was your gro	ss income (before taxes)	before work stopped?: Page 1 of 2

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:	
10. My estimate of the other party's gross monthly income (before taxes) is		
 12. Other information I want the court to know concerning child support in my case (attach extra sheet with the information). 13. I am attaching a copy of page 3 of form FL-150, Income and Expense Declaration showing my expenses. 		
I declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	ation contained on all pages of this form and	
Date:		
(TYPE OR PRINT NAME) PETIT	(SIGNATURE OF DECLARANT) IONER/PLA NTIFF RESPONDENT/DEFENDANT	
INSTRUCTIONS		

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment

- Interest
- Workers' compensation
- Social security
- Retirement

• Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

	FL-333
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
-	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND Z P CODE: BRANCH NAME:	
	CASE NUMBER:
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
FROOF OF SERVICE BY WAIL	DEPT.:
NOTICE: To serve temporary restraining orders you must use personal service (see for	orm FL-330).
 I am at least 18 years of age, not a party to this action, and I am a resident of or employed place. 	ed in the county where the mailing took
2. My residence or business address is:	
2. Learned a copy of the following decuments (energify):	
3. I served a copy of the following documents (specify):	
by enclosing them in an envelope AND	
a. depositing the sealed envelope with the United States Postal Service with the	
 b. placing the envelope for collection and mailing on the date and at the place she business practices. I am readily familiar with this business's practice for collection 	· · · · · · · · · · · · · · · · · · ·
mailing. On the same day that correspondence is placed for collection and mail business with the United States Postal Service in a sealed envelope with postal	ing, it is deposited in the ordinary course of
4. The envelope was addressed and mailed as follows:	
a. Name of person served:	
b. Address:	
c. Date mailed:	
Date mailed: d. Place of mailing (city and state):	
 I served a request to modify a child custody, visitation, or child support judgment of address verification declaration. (Declaration Regarding Address Verification—Po Custody, Visitation, or Child Support Order (form FL-334) may be used for this put 	stjudgment Request to Modify a Child
6. I declare under penalty of perjury under the laws of the State of California that the forego	ing is true and correct.
Date:	
(TYPE OR PRINT NAME) (SIGNATU	IRE OF PERSON COMPLET NG THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. **Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2. Print your home or business address.
- 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
- 5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.