

# Instructions For Responding to Petition to Establish Parental Relationship

## WHEN TO USE THIS PACKET

Use this packet if you are **not married to the other parent of the child and if you want to:**

- Respond to the Petition to Establish paperwork served on you

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.

## STEPS IN RESPONDING TO PATERNITY:

The forms in this packet can be used to respond to documents served on you by the other parent to establish paternity.

You have 30 days after the date the documents were served on you to file a response.

- 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 *other than you* mail a copy of your Response to the other parent and complete the Proof of Service;
- File your **original** Response and the Proof of Service.
- Pay a filing fee to file these papers unless you qualify for a fee waiver.

## FORMS NEEDED:

Response to Petition to Establish Parental Relationship	FL-220
Declaration under UCCJEA	FL-105
Proof of Service by Mail	FL-335

**SAMPLE**

**FORMS**



## How to fill out

# RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-220)

-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 black ink

If you know the CASE NUMBER fill it in. If not known, leave it blank

PETITIONER: RESPONDENT:	CASE NUMBER:  <b>FL-220</b>
----------------------------	-----------------------------------

The respondent requests that the court make the orders listed below.

7. **Parent-child relationship** (check all that apply):

a.  Respondent  Petitioner  Other (specify): \_\_\_\_\_ is the parent of the children listed in item 1.  
b.  Respondent  Petitioner  Other (specify): \_\_\_\_\_ is not the parent of the children listed in item 1.  
c.  Respondent requests genetic (blood) tests to determine whether the  petitioner  respondent is the parent of the children listed.

10

8. **Child custody and visitation**

a. If  Petitioner  Respondent  Other is found to be the parent of the children in listed in item 1:

b. Legal custody of the children should go to  Petitioner  Respondent  Joint  Other  
c. Physical custody of the children should go to  Petitioner  Respondent  Joint  Other  
d. Visitation of the children should be as follows:

(1)  None  
(2)  Reasonable visitation  
(3)  Petitioner  Respondent should have the right to visit the children as follows (specify): \_\_\_\_\_  
(4)  Visitation should occur with the following restrictions (specify): \_\_\_\_\_  
(5)  I request mediation to work out a parenting plan.

11

9. **Reasonable expenses of pregnancy and birth**

Reasonable expenses of pregnancy and birth should be paid by	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	<input type="checkbox"/> Both
--	-------------------------------------	-------------------------------------	-------------------------------

10. **Fees and costs of litigation**

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

12

11. **Name change.**  The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names): \_\_\_\_\_

12. **Other orders requested** (specify): \_\_\_\_\_

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

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

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

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
----------------------	---------------------------

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

FL-220 (Rev. January 1, 2006)      **RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP**      Page 2 of 2  
(Uniform Parentage)

Check all of the following boxes that apply:

- 7) Check one of these boxes if someone asking the court to make an order of paternity
- a) Check one of the boxes in a if you are requesting a court order that someone is the parent
  - b) Check one of the boxes in b if you are requesting an order that someone is not the parent
  - c) Check box c if you are requesting a genetic test to determine if someone is the parent
- 8) a) Check the box of the party your are requesting a paternity order for.  
b) Check the box to show who you want to have legal custody of the child(ren). If you want joint legal custody check the joint legal custody box. Legal custody is the right to make decisions regarding what school the children go to, what doctor they see, which church they belong to, etc...  
c) Check the box to show who you want to have physical custody of the child(ren). If you want joint physical custody check the joint physical custody box. "Physical custody" is who the child lives with.
- 12
- d) Check the box that explains the type of visitation orders you are asking the court to make.
- Check (1) if you are requesting the other party have "no visitation".
  - Check (2) if you are requesting the other party have reasonable visitation.
  - Check the correct box in (3) for the person who will have visitation rights. Write in the specific visitation schedule requested.
  - Check (4) if you are requesting any visitation restrictions, i.e. supervised. Write in the specific restrictions requested.
  - Check (5) if you would like the court to order that you and the other parent go to mediation to work out a custody and visitation plan.



*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: <b>1</b> FAX NO. (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name) SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: <b>2</b> CITY AND ZIP CODE: BRANCH NAME: PETITIONER: (This section applies only to family law cases) RESPONDENT: <b>3</b> OTHER PARTY: GUARDIANSHIP OF (Name): (This section applies only to guardianship cases) <b>4</b> Minor	FOR COURT USE ONLY           CASE NUMBER:
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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**.

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.)*

a. Child's name	Place of birth	Date of birth	Sex
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present <b>11</b>	<input type="checkbox"/> Confidential <b>12</b>	<input type="checkbox"/> Confidential <b>13</b>	<b>14</b>
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)	
b. Child's name	Place of birth	Date of birth	Sex
<b>15</b>			
<input type="checkbox"/> Residence information is the same as given above for child. (If NOT the same, provide the information below.)			
Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential	<input 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)	
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 Court of California FL-105(GC-120) Rev. January 1, 2006 Page 1 of 2 Family Code, § 3400 et seq.; Probate Code, §§ 3513(a), 3512 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: 1100 Van Ness, 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(A)/GC-120(A)

CASE NAME:		CASE NUMBER:	
<b>1</b>			
<b>ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>			
<input type="checkbox"/> CHILD'S NAME Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" 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 Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" 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 Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	Relationship:
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

**Page 1 of 2**

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

**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.



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.

**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. Write in the date that you put the envelope containing the documents in the mail.  
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. 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.*

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

**- page two -**

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

**BLANK**

**FORMS**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	FOR COURT USE ONLY
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO</b></p> <p>STREET ADDRESS: <b>1100 Van Ness Avenue</b></p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: <b>Fresno, Ca 93724-0002</b></p> <p>BRANCH NAME: <b>Central Branch</b></p>	
PETITIONER:  RESPONDENT:	
<p><b>RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP</b> <b>(Uniform Parentage)</b></p>	CASE NUMBER: _____

1. The children are (*name each*):
 

a. <u>Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
------------------------	----------------------	------------	------------
  
- b.  A child who is not yet born
  
2. The petitioner is
  - a.  the mother of the children listed above.
  - b.  the father of the children listed above.
  - c.  not certain whether he or she is the biological parent of the children listed above.
  - d.  the child or child's representative (*specify court and date of appointment*):
  - e.  other (*specify*):
  
3. The respondent
  - a.  lives in the State of California.
  - b.  was in California when the listed children were conceived.
  - c.  neither a nor b
  - d.  other (*specify*):
  
4. The children
  - a.  live or are in this county.
  - b.  are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a.  the father of the children listed in item 1 above.
  - b.  the mother of the children listed in item 1 above.
  - c.  not certain if he or she is the parent of the children listed in item 1 above.
  - d.  not the parent of the children listed in item 1 above.
  - e.  other (*specify*):
  
6. Additional statements
  - a.  Parentage has been established by a Voluntary Declaration of Paternity (*attach copy*).
  - b.  Parentage has been established in another case  governmental child support  other (*specify*):
  - c.  Public assistance is being provided to the children.

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

The respondent requests that the court make the orders listed below.

**7. Parent-child relationship** (check all that apply):

- a.  Respondent  Petitioner  Other (specify): \_\_\_\_\_ is the parent of the children listed in item 1.
- b.  Respondent  Petitioner  Other (specify): \_\_\_\_\_ is not the parent of the children listed in item 1.
- c.  Respondent requests genetic (blood) tests to determine whether the  petitioner  respondent is the parent of the children listed.

**8. Child custody and visitation**

- a. If  Petitioner  Respondent  Other is found to be the parent of the children in listed in item 1:
- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Petitioner               | Respondent               | Joint                    | Other                    |
| b. Legal custody of the children should go to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of the children should go to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- d. Visitation of the children should be as follows:
    - (1)  None
    - (2)  Reasonable visitation
    - (3)  Petitioner  Respondent should have the right to visit the children as follows (specify): \_\_\_\_\_
    - (4)  Visitation should occur with the following restrictions (specify): \_\_\_\_\_
    - (5)  I request mediation to work out a parenting plan.

**9. Reasonable expenses of pregnancy and birth**

Reasonable expenses of pregnancy and birth should be paid by

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

**10. Fees and costs of litigation**

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

**11. Name change.**  The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names): \_\_\_\_\_

**12. Other orders requested** (specify): \_\_\_\_\_

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

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

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

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
----------------------	---------------------------

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

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> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno</b>  STREET ADDRESS: 1100 Van Ness Ave. MAILING ADDRESS: Fresno, CA 93724-0002 CITY AND ZIP CODE: BRANCH NAME: Central Division	
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: _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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:  
--------------------	----------------------

**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:  _____
-------------------------	---------------------------

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

<input type="text"/> 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="text"/> 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="text"/> 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)	



## 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.

**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. Write in the date that you put the envelope containing the documents in the mail.
  - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. 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.*