

Instructions For

Notice of Motion

WHEN TO USE THIS PACKET

You can only use this packet if the other party in your case has already **“appeared”** in your action by filing documents with the court. You may use this packet to obtain or modify existing orders for custody, visitation, child or spousal support as well as other issues.

Once the documents are filled out and filed with the court, you will be given a court date.

This packet includes a **“Notice of Motion”** [FL-301], **“Application for Order and Supporting Declaration”** [FL-310], **“ a “Declaration Under UCCJEA”** [FL-105] which need be completed if you have children from this relationship and you want the court to add custody and visitation, a **“Financial Statement”** [FL 155] (if spousal support is one of the issue, you must complete an **Income and Expense Declaration [FL-150] (separate packet) instead of a “Financial Statement,”** **Proof of Personal Service”** [FL 330], **“Proof of Service by Mail”** [FL 335] and a **“Mediation Referral Form”** along with instructions for completing the forms. There is also a blank **“Responsive Declaration”** [FL 320], which is served with the above documents.

There is a filing fee for filing the enclosed forms. You may be eligible for a **“Fee Waiver”** which is available as a separate packet.

Once the Notice of Motion documents are filled out, filed with the court and a court date assigned, a copy of the Notice of Motion and other documents can be served by having someone mail the other party a copy of the documents or by personal service on the other party. Either the Proof of Service by Mail or the Proof of Personal Service must be completed by the person who serves the Notice of Motion on the other party and then filed with the court.

SAMPLE

FORMS

How to fill out

NOTICE OF MOTION (FL-301)

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FL-301 FOR COURT USE ONLY	
TELEPHONE NO.: ATTORNEY FOR: (Name):		FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
4 5 6 8 9 10		CASE NUMBER:	
4 <input type="checkbox"/> NOTICE OF MOTION <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs		<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other (specify):	
1. TO (name): 2. A hearing on this motion for the relief requested in the attached application will be held as follows:			
a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Rm.: _____			
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____ 7			
3. Supporting attachments:			
a. <input type="checkbox"/> Completed Application for Order and Supporting Declaration (form FL-310) and a blank Responsive Declaration (form FL-320)		d. <input type="checkbox"/> Completed Property Declaration (form FL-160) and a blank Property Declaration	
b. <input type="checkbox"/> Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration		e. <input type="checkbox"/> Points and authorities	
c. <input type="checkbox"/> Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified)		f. <input type="checkbox"/> Other (specify): _____	
Date: _____ 9 ▶			
(TYPE OR PRINT NAME)		(SIGNATURE)	
ORDER			
4. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date): _____			
5. Any responsive declaration must be served on or before (date): _____			
6. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above. The parties are ordered to attend orientation and mandatory custody services as follows:			
Date: _____ 10			
JUDICIAL OFFICER			
NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It 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 on the information supplied by the other parent. You do not have to pay any fee to file responsive declarations in response to this Notice of Motion (including a completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.			
Form Adopted for Mandatory Use Judicial Council of California FL-301 (Rev. January 1, 2003)		Page 1 of 2 Government Code, § 26826 www.courtinfo.ca.gov	

- 1** Write your name and address here.
- 2** If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the full names (first, middle, last) of the parties. You are the “Petitioner” if you have started a case. You are the “Respondent” if another person started the case against you.
- 4** Check all boxes that apply or check “Other” and tell the court what you are requesting. If this is to change a current court order, check MODIFICATION in addition to other boxes you may be checking.
- 5** Write the name of the person you are taking to court.
- 6** DO NOT FILL IN. Take this form to the Facilitator’s Office or downtown courthouse 4th floor for the court date.
- 7** Check the box if the hearing is at the address listed in **2** above. If the hearing is being held somewhere else, check that box and write in the address.
- 8** Check all boxes that apply and attach completed forms.
- 9** Type or print your name on the left, and sign your name on the right. Also put in the date you signed the form.
- 10** Do not fill in the section under ORDER. The court will fill in, sign and date this part.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

7. PROOF OF SERVICE BY MAIL

a. I am at least age 18, **not a party to this action**, and am a resident or employed in the county where the mailing took place. My residence or business address is:

b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:

(1) Papers served:

(a) Notice of Motion and a completed Application for Order and Supporting Declaration (form FL-310) and a blank Responsive Declaration (form FL-320)

(b) Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration

(c) Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified)

(d) Completed Property Declaration (form FL-160) and a blank Property Declaration

(e) Points and authorities

(f) Other (specify):

(2) Manner of service:

(a) Date of deposit:

(b) Place of deposit (city and state):

(c) Addressed as follows:

c. 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 OF DECLARANT)

FL-301 (Rev. January 1, 2003)
NOTICE OF MOTION
Page 2 of 2

How to fill out a

NOTICE OF MOTION (FL-301)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 11
- ▶ 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

DO NOT FILL OUT THIS PAGE!

You will be using the following form instead:

FL-335, Proof of Service by Mail (Family Law)
Or
FL-330, Proof of Personal Service (Family Law)

FL-310

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

1

APPLICATION FOR ORDER AND SUPPORTING DECLARATION
—THIS IS NOT AN ORDER—

2 Petitioner Respondent Claimant requests the following orders:

3 1. CHILD CUSTODY To be ordered pending the hearing

a. Child (name, age) b. Legal custody to (person who makes decisions about health, education, etc.) (name) c. Physical custody to (person with whom child lives.) (name)

Modify existing order
(1) filed on (date):
(2) ordering (specify):

As requested in form FL-311 FL-312 FL-341(C) FL-341(D) FL-341(E)

4 CHILD VISITATION To be ordered pending the hearing

a. As requested in: (1) Attachment 2a (2) Form FL-311 (3) Other (specify):

b. Modify existing order
(1) filed on (date):
(2) ordering (specify):

5 c. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one.) The orders are from the following court or courts (specify county and state):

(1) Criminal: County/state: _____ Case No. (if known): _____ (3) Juvenile: County/state: _____ Case No. (if known): _____

(2) Family: County/state: _____ Case No. (if known): _____ (4) Other: County/state: _____ Case No. (if known): _____

6 3. CHILD SUPPORT (An earnings assignment order may be issued)

a. Child (name, age) b. Monthly amount (if not by guideline) \$ _____

c. Modify existing order
(1) filed on (date):
(2) ordering (specify):

7 4. SPOUSAL OR PARTNER SUPPORT (An earnings assignment order may be issued)

a. Amount requested (monthly): \$ _____ c. Modify existing order
(1) filed on (date):
(2) ordering (specify):

b. Terminate existing order
(1) filed on (date):
(2) ordering (specify):

8 5. ATTORNEY FEES AND COSTS a. Fees: \$ _____ b. Costs: \$ _____

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100) and *Temporary Restraining Order and Notice of Hearing (Domestic Violence Prevention)* (form DV-110).

Page 1 of 2
Form Adopted for Mandatory Use
Judicial Council of California
FL-310 (Rev. July 1, 2009) Application for Order and Supporting Declaration Family Code, §§ 2040, 6254, 6226, 6202, 6225, 6300-6303
www.courtsinfo.ca.gov American LegalNet, Inc.
www.USCourtForms.com

How to fill out

APPLICATION FOR ORDER AND SUPPORTING DECLARATION (FL-310)

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 or type in the names of the petitioner and respondent. You are the “Petitioner” if you have started a case. You are the “Respondent” if another person started a case against you.
- 2** Check the box that tells who is asking for court orders.
- 3** Check the first box if custody (who the child lives with) should be decided. Check the second box if you want the order right away. If you check this box you will need additional forms. Under a., write the name and age of each child. Under b and c write the name of the person to have the custody described. Check box if you want to change a current custody order. Write the date the current order was filed (1) and explain what the order said (2). Attach a copy of the order. You may attach additional forms to further clarify the custody and visitation. If you include one of these forms make sure you check the correct box.
- 4** Check the first box if visiting rights should be decided. Check the second box if you want the order right away. If you check this box you will need additional forms. You must tell the court what visitation schedule you would like. You may write out the visitation schedule on a separate paper and label it Attachment 2a. Check the box if you use Attachment 2a. You may set out the schedule on Form FL-311. Check the box if you use Form FL-311. If you check “other” write exactly what you want the court to order. Check box b if you want to change a current visitation order. Write the date the current order was filed (1) and explain what the order said (2). Attach a copy of the order.
- 5** Check box c if there is any current domestic violence restraining order or protective order involving the children or the parties. Please include a copy of the order(s). Check the box that describes the kind of order and give the name of the county that made the order. Give a case number if you know it.
- 6** Check the box if you want child support. List the name and age of each child and the monthly amount of money you want for each child. Check box 3.c. if you want to change a current child support order. Put in the date the current order was filed and give information such as the amount of the current monthly payment.
- 7** Check the box if you are asking for spousal (husband or wife) support. Check box a. and list the monthly amount of money you want. Check box b. if you want the court to end a current order. Put in the date the current order was filed and write information such as amount of current monthly payment. Check box c. if you are asking the court to change a current order. Put in the date the current order was filed and give information. Attach a copy of the order.
- 8** If you want the court to order the other party to pay for attorney (lawyer) fees or costs, check one or both boxes, and write in the amount(s) you are asking for.

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

9

10 6. PROPERTY RESTRAINT To be ordered pending the hearing

a. The petitioner respondent claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.

The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.

b. Both parties are restrained and enjoined from 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 or their minor children.

c. Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

11 7. PROPERTY CONTROL To be ordered pending the hearing

a. The petitioner respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (specify):

b. The petitioner respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to

12 8. I request that time for service of the Order to Show Cause and accompanying papers be shortened so that these documents may be served no less than (specify number): days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

13 9. OTHER RELIEF (specify):

14 10. FACTS IN SUPPORT of relief requested and change of circumstances for any modification are (specify):
 contained in the attached declaration.

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 APPLICANT)

FL-910 (Rev. July 1, 2006) APPLICATION FOR ORDER AND SUPPORTING DECLARATION Page 2 of 2

APPLICATION FOR ORDER (FL-310)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* **11**
- ▶ 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.

- 9** Write or type in the names of the petitioner and respondent.
- 10** This section keeps a person from selling, hiding, or giving away property. Property can be land, homes, belongings, money, insurance policies, etc. It also keeps a person from having to pay another person's debts (money owed) after the court order is made. Check all boxes that apply. If you want this to be decided right away, check "to be ordered pending the hearing."
- 11** Check the box after # 7 if you want the court to decide who will use certain property. If you want this decided right away, check "to be ordered pending the hearing." For 7.a., check the box that describes who you are. Describe the property in the space provided. For 7.b., check boxes if either the respondent or petitioner should make payments on any money owed during the court order. List in the space provided.
- 12** Check the box after # 8 if you want the court to order the other party served (delivered) with the documents in a shorter than normal time period (21 days by personal service or 26 days by mail). Fill in the number of days where circled. Say why you need the shorter time in (#9) below.
- 13** Check this box if you checked "Other" on the Notice of Motion or Order to Show Cause or if you are asking the court to allow you to serve the documents in a shorter than normal time period (see #8 above). Write what you are asking and why in the space provided.
- 14** Check the box after # 10 and tell the court what you are requesting and why. Use the space to list facts or reasons. List dates and times starting with the most recent. If you need more space check the box next to "contained in the attached declaration" then attach an extra page with your reasons.
- 15** Date this form and print your name on the left. By signing your name on the right you are saying that everything written down is true and correct.

How to fill out

ATTACHED DECLARATION (MC-031)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: ❶
- ▶ 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.

The image shows a sample form for an Attached Declaration (MC-031). At the top, there are two boxes: 'PLAINTIFF/PETITIONER' and 'DEPENDANT/RESPONDENT', with a circled '1' next to the first box. Below these is a 'CASE NUMBER' field. A note states: 'This form must be attached to another form or court paper before it can be filed in court.' The main body of the form is blank, with a circled '2' in the center. At the bottom, there is a declaration statement: 'I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.' Below this is a 'Date:' field with a circled '3' and a signature line with a circled '4'. The signature line has checkboxes for 'Petitioner/Plaintiff', 'Respondent/Defendant', and 'Attorney'. At the very bottom, there is a footer with 'Form Approved by the Judicial Branch of California MC-031 (Rev. January 1, 1995)', 'ATTACHED DECLARATION', and 'WEST GROUP Official Publisher'.

This form is always attached to another form or court paper. It is never filed by itself.

- ❶ Write the names of the Plaintiff/Petitioner and Defendant/Respondent.
- ❷ Use this form with FL-310, Application for Order and Supporting Documentation if you ran out of room writing your facts.
- ❸ Date the form. Type or print your name on the left. Sign your name on the right.
- ❹ Check the box that identifies you as the Petitioner/Plaintiff, or as the Respondent/Defendant.

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) FOR COURT USE ONLY

TELEPHONE NO. **1** FAX NO. (Optional)

E-MAIL ADDRESS (Optional)

ATTORNEY FOR (Name)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS: **2**

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER: (This section applies only to family law cases) **3**

RESPONDENT:

OTHER PARTY:

GUARDIANSHIP OF (Name): (This section applies only to guardianship cases) **4** Minor CASE NUMBER:

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

1. I am a party to this proceeding to determine custody of a child.

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 7		Place of birth 8	Date of birth 9	Sex 10
Period of residence 11	Address 12	Person child lived with (name and complete current address) 13	Relationship 14	
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)		
b. Child's name 15				
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	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, § 3400-4401; 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/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 **22** 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 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)

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.

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input checked="" type="checkbox"/> Confidential Child's residence (City, State)	<input checked="" type="checkbox"/> Confidential 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)	

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.

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input checked="" type="checkbox"/> Confidential Child's residence (City, State)	<input checked="" type="checkbox"/> Confidential 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)	

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.

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input checked="" type="checkbox"/> Confidential Child's residence (City, State)	<input checked="" type="checkbox"/> Confidential 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)	

Page _____ of _____

Printed on Recycled Paper
Florida Court Services
10000 W. US Highway 1
P.O. Box 10000
Tallahassee, FL 32304-1000

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

Form No. 3-2008-0000
Please Call 904.487.4100
www.courtclerk.org

**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

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 black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

The image shows a sample of the FL-155 Financial Statement (Simplified) form. It is a structured document with several sections. At the top right, it is labeled 'FL-155'. The form is divided into several boxes. Box 1 is for the petitioner's name and address. Box 2 is for the county name. Box 3 is for the respondent's name. Below these are sections for 'ATTORNEY'S FEES', 'PETITIONER'S CLAIMS', and 'RESPONDENT'S DEFENSES'. The main body of the form contains numbered sections 1 through 11, each with specific questions and checkboxes. Section 1 asks about the petitioner's source of income. Section 2 asks for the number of children. Section 3 asks for the percentage of time with the children. Section 4 asks for the petitioner's filing status. Section 5 asks for the petitioner's monthly income from various sources. Section 6 asks for monthly expenses. Section 7 asks for other children living with the petitioner. Section 8 asks for other monthly expenses. Section 9 asks for the petitioner's current employment. Section 10 asks for the respondent's employment. Section 11 asks for the respondent's employment. The form is titled 'FINANCIAL STATEMENT (SIMPLIFIED)' at the bottom.

- 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: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 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 only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- 5** 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.
- 7** For # 5, put in the amount of money you get each month before 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.
- 10** 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.).
- 11** 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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	12	CASE NUMBER:
-----------------------------------------------------------------	-----------	--------------

10. My estimate of the other party's gross monthly income (before taxes) is \$ _____ **13**
 11. My current spouse's 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 contained on all pages of this form and any attachments is true and correct.

Date: _____ **15**
 _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT)
 PETITIONER/PLAINTIFF 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? **16**
 - 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.

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 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.
- 13** Put in the total amount of money you think the other party makes in a month before taxes are taken out. Below that, 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.
- 15** 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.
- 16** 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.

FL-330	
<small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17401) (Please state bar number, and address):</small>	<small>FOR COURT USE ONLY</small>
1	
TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	
2	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ (BRANCH NAME): _____	
3	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
PROOF OF PERSONAL SERVICE	CASE NUMBER

4 1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
5 2. Person served (name): _____
 3. I served copies of the following documents (specify): _____

6 4. By personally delivering copies to the person served, as follows:
 a. Date: _____ b. Time: _____
 c. Address: _____

7 5. I am
 a. not a registered California process server. d. exempt from registration under Bus. & Prof. Code section 22350(b).
 b. a registered California process server.
 c. an employee or independent contractor of a registered California process server. e. a California sheriff or marshal.

8 6. My name, address, and telephone number, and, if applicable, county of registration and number (specify): _____

9 7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____
 _____ (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) _____ (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Form Approved for Optional Use
 Judicial Council of California
 FL-330 (Rev. January 1, 2002)

PROOF OF PERSONAL SERVICE

Page 1 of 2
Code of Civil Procedure, § 1011
www.courtinfo.ca.gov

How to fill out

PROOF OF PERSONAL SERVICE (Family Law) FL-330

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.

NOTE: the person serving the papers will use this form if they personally served 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: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the names of the parties. You are the “Petitioner” if you started the case. You are the “Respondent” if you did not.

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.

- 4** Write the name of the person served.
- 5** Write the names and numbers of the papers served. (For example, “Notice of Motion.”)
- 6** Write in the date, address and time the papers were served.
- 7** Check box a., “not a registered California process server.”
- 8** Write the name, address and telephone number of the person who served the papers.
- 9** The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

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 Service by Mail* (form FL-335) if the documents are being served by mail. 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.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

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
PERSONAL SERVICE
(Family Law)
FL-330**

- page two -

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

How to fill out

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

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.

<p style="text-align: right; font-size: small;">FL-335</p> <p style="font-size: x-small;">ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17410) (Name, state bar number, and address)</p> <p style="text-align: right; font-size: x-small;">FOR COURT USE ONLY</p> <p>1</p> <p>TELEPHONE NO. _____ FAX NO. _____ ATTORNEY FOR (Name): _____</p> <p>2</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS _____ MAILING ADDRESS _____ CITY AND ZIP CODE _____ BRANCH NAME _____</p> <p>PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARTY: _____</p> <p style="text-align: center;">PROOF OF SERVICE BY MAIL</p>	<p style="font-size: x-small;">CASE NUMBER</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is: **4**
3. I served a copy of the following documents (*specify*):
5
by enclosing them in an envelope AND
a. depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
a. Name of person served: _____
b. Address: _____
c. Date mailed: _____
d. Place of mailing (*city and state*): **6**
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **7** _____

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)

PROOF OF SERVICE BY MAIL

Form Approved for Optional Use
Judicial Council of California
FL-335 (Rev. January 1, 2002)

Page 1 of 2
Code of Civil Procedure, §§ 1013, 1013A
www.courtinfo.ca.gov

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: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- 4** Write the home or business address of the person who will serve the papers.
- 5** Write the names of the papers served. (For example, “Notice of Motion.”)
- 6** Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- 7** The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

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.

How to fill out

RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION (FL-320)

DIRECTIONS

► Leave this form blank. The other party fills out this form.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FL-320	
TELEPHONE NO.: FAX NO.:		FOR COURT USE ONLY	
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION		CASE NUMBER:	
HEARING DATE:		TIME:	
		DEPARTMENT OR ROOM:	

1. CHILD CUSTODY

a. I consent to the order requested.

b. I do not consent to the order requested but I consent to the following order:

2. CHILD VISITATION

a. I consent to the order requested.

b. I do not consent to the order requested but I consent to the following order:

3. CHILD SUPPORT

a. I consent to the order requested.

b. I consent to guideline support.

c. I do not consent to the order requested, but I consent to the following order:

(1) Guideline

(2) Other (specify):

4. SPOUSAL SUPPORT

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

5. ATTORNEY FEES AND COSTS

a. I consent to the order requested.

b. I do not consent to the order requested.

c. I consent to the following order:

Form Adopted for Mandatory Use
Judicial Council of California
FL-320 (Rev. January 1, 2003)

**RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE
OR NOTICE OF MOTION**

Page 1 of 2
www.courtinfo.ca.gov

DO NOT FILL OUT THIS FORM.
This form is filled out by the other party.

FL-155

Case name and address or children's name and address TELEPHONE NO. FOR COURT USE ONLY	
ATTORNEY FOR PLAINTIFF SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE	
PLAINTIFF BOTH PARENTS PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT	
FINANCIAL STATEMENT (SIMPLIFIED)	COURT 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 GAVGR.
 b. I have applied for TANF, SSI, or GAVGR.
2. I am the parent of the following number of natural or adopted children from this relationship: _____
3. a. The children from this relationship are with me the amount of time: _____ %
 b. The children from this relationship are with the other parent the amount of time: _____ %
 c. Our arrangement for custody and visitation is (specify, using such phrase if necessary): _____
4. My tax filing status is: single married filing jointly head of household married filing separately
5. My current gross income (before taxes) per month is: _____
 Attach 1 The income comes from the following:
 copy of pay stubs for _____ Salary/wages: Amount before taxes per month: \$ _____
 1st 2 _____ Retirement: Amount before taxes per month: \$ _____
 months then _____ Unemployment compensation: Amount per month: \$ _____
 (bring out) _____ Workers' compensation: Amount per month: \$ _____
 social _____ Social security: SSI Other: Amount per month: \$ _____
 security _____ Disability: Amount per month: \$ _____
 number) _____ Interest income (from bank accounts or other): Amount per month: \$ _____
 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. Day care or preschool to allow me to work or go to school: \$ _____
 - b. Health care not paid for by insurance: \$ _____
 - c. School, education, tuition, or other special needs of the child: \$ _____
 - d. Travel expenses for visitation: \$ _____
7. There are (specify number) _____ other minor children of mine living with me. Their monthly expenses that I pay are: \$ _____
8. I spend the following average monthly amounts (please attach proof):
 - a. Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet): \$ _____
 - b. Required union dues: \$ _____
 - c. Required retirement payments (not social security, FICA, 401k or IRA): \$ _____
 - d. Health insurance costs: \$ _____
 - e. Child support I am paying for other minor children of mine who are not living with me: \$ _____
 - f. Spousal support I am paying (because of a court order for another relationship): \$ _____
 - g. Monthly housing costs: rent or mortgage: \$ _____
 if mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning my current employment my most recent employment:
 Employer: _____
 Address: _____
 Telephone number: _____
 My occupation: _____
 Date work started: _____
 Date work stopped (if applicable): _____

What was your gross income (before taxes) before work stopped? _____ Page 1 of 2

How to fill out FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

▶ Leave this form blank. The other party fills out this form.

DO NOT FILL OUT THIS FORM.
This form is filled out by the other party.

BLANK

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY												
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1100 Van Ness Avenue MAILING ADDRESS: CITY AND ZIP CODE: Fresno, California 93724-0002 BRANCH NAME: Central Branch													
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">NOTICE OF MOTION</td> <td style="width:33%;"><input type="checkbox"/> MODIFICATION</td> <td style="width:33%;"><input type="checkbox"/> Injunctive Order</td> </tr> <tr> <td><input type="checkbox"/> Child Custody</td> <td><input type="checkbox"/> Visitation</td> <td><input type="checkbox"/> Other (specify):</td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td><input type="checkbox"/> Spousal Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Attorney Fees and Costs</td> <td></td> <td></td> </tr> </table>	NOTICE OF MOTION	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Injunctive Order	<input type="checkbox"/> Child Custody	<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support		<input type="checkbox"/> Attorney Fees and Costs			CASE NUMBER:
NOTICE OF MOTION	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Injunctive Order											
<input type="checkbox"/> Child Custody	<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (specify):											
<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support												
<input type="checkbox"/> Attorney Fees and Costs													

1. TO (name):
2. A hearing on this motion for the relief requested in the attached application will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
----------	-------	---------------------------------	-------------------------------

b. Address of court same as noted above other (specify):

3. Supporting attachments:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Completed <i>Application for Order and Supporting Declaration</i> (form FL-310) and a blank Responsive Declaration (form FL-320)
b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150) and a blank Income and Expense Declaration
c. <input type="checkbox"/> Completed <i>Financial Statement (Simplified)</i> (form FL-155) and a blank Financial Statement (Simplified) | d. <input type="checkbox"/> Completed <i>Property Declaration</i> (form FL-160) and a blank Property Declaration
e. <input type="checkbox"/> Points and authorities
f. <input type="checkbox"/> Other (specify): |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Date: _____

 (TYPE OR PRINT NAME) (SIGNATURE)

ORDER

4. Time for service hearing is shortened. Service must be on or before (date):
5. Any responsive declaration must be served on or before (date):
6. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above. The parties are ordered to attend orientation and mandatory custody services as follows:

Date: _____

 JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It 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 on the information supplied by the other parent.

You do not have to pay any fee to file declarations in response to this *Notice of Motion* (including a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least nine court days before the hearing date. Add five calendar days if you serve by mail within California. (See Code of Civil Procedure 1005 for other situations.) To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
----------------------------------------------------	--------------

7. PROOF OF SERVICE BY MAIL

a. I am at least age 18, **not a party to this action**, and am a resident or employed in the county where the mailing took place. My residence or business address is:

b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:

(1) Papers served:

- (a) *Notice of Motion* and a completed *Application for Order and Supporting Declaration* (form FL-310) **and** a blank *Responsive Declaration* (form FL-320)
- (b) Completed *Income and Expense Declaration* (form FL-150) **and** a blank *Income and Expense Declaration*
- (c) Completed *Financial Statement (Simplified)* (form FL-155) **and** a blank *Financial Statement (Simplified)*
- (d) Completed *Property Declaration* (form FL-160) **and** a blank *Property Declaration*
- (e) Points and authorities
- (f) Other (*specify*):

(2) Manner of service:

- (a) Date of deposit:
- (b) Place of deposit (*city and state*):
- (c) Addressed as follows:

c. 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)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civil Code, § 54.8.)

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

6. PROPERTY RESTRAINT **To be ordered pending the hearing**
- a. The petitioner respondent claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
- The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
- b. Both parties are restrained and enjoined from 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 or their minor children.
- c. Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
7. PROPERTY CONTROL **To be ordered pending the hearing**
- a. The petitioner respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (*specify*):
- b. The petitioner respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
| | | |
8. **I request** that time for service of the *Order to Show Cause* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): _____ days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.
9. OTHER RELIEF (*specify*):
10. **FACTS IN SUPPORT** of relief requested and change of circumstances for any modification are (*specify*):
 contained in the attached declaration.

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 APPLICANT)
-------------------------------	-----------------------------------

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

This form must be attached to another form or court paper before it can be filed in court.

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)

- Petitioner/Plaintiff
 Respondent/Defendant
 Attorney
 Other (*Specify*):

(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

This form must be attached to another form or court paper before it can be filed in court.

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)

- Petitioner/Plaintiff
 Respondent/Defendant
 Attorney
 Other (*Specify*):

(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)

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 FRESNO 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>	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER: _____	

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)	

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

10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's 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 contained on all pages of this form and any attachments is true and correct.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF DECLARANT) <input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> 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)
 - Interest
 - Salary or wages
 - Workers' compensation
 - Disability
 - Social security
 - Unemployment
 - 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.



SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO
 2220 Tulare Street, Suite 1111
 Fresno, CA. 93721
 Phone: (559) 488-3241
 Fax: (559) 262-4362

COURT USE ONLY

FAMILY COURT SERVICES REFERRAL FORM

FL / FS Case Number: _____

FCS Case Number: _____

Case Name: _____

Previous Mediation with Family Court Services? Yes No

Current Domestic Violence or Restraining Order in place at this time? Yes No

Interpreter Needed? Yes No Language _____

Filing Party: Petitioner Respondent Claimant

Petitioner: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____
 Personal Service: Attorney: _____

Respondent: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____
 Personal Service: Attorney: _____

Claimant: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____
 Personal Service: Attorney: _____

Children of this Relationship:	Children 5 years old and older (number):			
	Child's Name	Date of Birth	Age	Lives with

FOR INTERNAL OFFICE USE ONLY

Orientation Date: _____ Time: _____ a.m. Date Mailed: _____
 Mediation Date: _____ Time: _____ a.m. Department: _____
 Court Date: _____ Time: _____ a.m. Department: _____
 Previous Counselor: _____
 Current Counselor: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____

5. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Bus. & Prof. Code section 22350(b).
 - e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

▶

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

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 Service by Mail* (form FL-335) if the documents are being served by mail. 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.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
 - a. Write in the date that you delivered the documents to the party.
 - b. Write in the time of day that you delivered the documents to the party.
 - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<p style="text-align: center;">PROOF OF SERVICE BY MAIL</p>	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
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 postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address:
 - c. Date mailed:
 - d. Place of mailing *(city and state)*:

5. 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 PERSON COMPLETING 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.

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION	CASE NUMBER: _____
HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____	

1. CHILD CUSTODY
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

2. CHILD VISITATION
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

3. CHILD SUPPORT
- a. I consent to the order requested.
- b. I consent to guideline support.
- c. I do not consent to the order requested, but I consent to the following order:
- (1) Guideline
- (2) Other (*specify*): _____

4. SPOUSAL SUPPORT
- a. I consent to the order requested.
- b. I do not consent to the order requested.
- c. I consent to the following order:

5. ATTORNEY FEES AND COSTS
- a. I consent to the order requested.
- b. I do not consent to the order requested.
- c. I consent to the following order:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
------------------------------------------------	--------------

6. PROPERTY RESTRAINT
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

7. PROPERTY CONTROL
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

8. OTHER RELIEF
- a. I consent to the order requested.
 - b. I do not consent to the order requested.
 - c. I consent to the following order:

9. SUPPORTING INFORMATION
 contained in the attached declaration.

NOTE: To respond to a request for domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100) you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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)

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

10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's 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 contained on all pages of this form and any attachments is true and correct.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF DECLARANT) <input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> 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)
 - Interest
 - Salary or wages
 - Workers' compensation
 - Disability
 - Social security
 - Unemployment
 - 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.