

# Instructions For Responding to **NOTICE OF MOTION or ORDER TO SHOW CAUSE**

## **WHEN TO USE THIS PACKET**

**Use this packet if you want to Respond to paperwork served on you by the other party (Order to Show Cause or Notice of Motion)**

### **STEPS IN RESPONDING TO PATERNITY:**

The forms in this packet can be used to respond to documents served on you by the other parent to get or modify custody, visitation, or child support, etc.

You have 9 court days before the hearing to serve the other party with a copy of your response and to file your response with the court.

- You will need to complete the paper work enclosed with this packet;
- Have it reviewed for completeness and correctness;
- Make 2 copies and have someone over 18 ***other than you*** mail a copy of your Response to the other parent and complete the Proof of Service;
- File your Response and the Proof of Service.

### **FORMS NEEDED:**

Responsive Declaration	FL-320
Declaration under UCCJEA	FL-105
Financial Statement	FL-155
Proof of Service by Mail	FL-335

**SAMPLE**

**FORMS**

## How to fill out

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

## 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.

FL-320	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO.: <b>1</b> FAX NO.: ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>2</b> SUPERIOR COURT OF CALIFORNIA - COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: <b>3</b>	
<b>RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION</b>	CASE NUMBER:
HEARING DATE: <b>4</b> TIME: DEPARTMENT OR ROOM:	

**5** 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:

**6**  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:

**7** 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):

**8**  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:

**9**  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

- 1** Write your name and address. Write your phone, fax, and email address if you want to.  
If not done for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002.
- 2** The Branch Name is: Central Branch.
- 3** Write the name of the persons in the case. YOU are the Petitioner if you started the case. YOU are the “respondent” if another person started the case.
- 4** Write in the date of the hearing, the time and the department. This information is on the papers served on you.
- 5** Check box 1 if the other parent is requesting custody orders. Check box 1(a) if you agree with the orders the other parent is requesting. Check box 1(b) if you do not agree – then write in the custody order you would like.
- 6** Check box 2 if the other parent is requesting visitation orders. Check box 2(a) if you agree with the orders the other parent is requesting. Check box 2(b) if you do not agree – then write in the visitation order you would like.
- 7** Check box 3 if the other parent is requesting child support orders. Check box 3(a) if you agree with the order the other parent is requesting. Check box 3(b) if guideline child support was requested by the other parent and you agree. Check box 3(c) if you do not agree with the order requested – then check box 3(c)(1) if you consent to guideline support or box 3(c)(2) if you consent to some other child support order - write in the order you would like.
- 8** Check box 4 if the other party is requesting a spousal support order. Check box 4(a) if you agree with the order the other party is requesting. Check box 4(b) if you do not agree. Check box 4(c) if you agree to some order – then write in the order you would like.
- 9** Check box 5 if the other party is requesting an order for attorneys fees and costs.. Check box 5(a) if you agree with the order the other party is requesting. Check box 5(b) if you do not agree. Check box 4(c) if you agree to some order - then write in the order you would like.

## How to fill out

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

- page two -

## DIRECTIONS

- ▶ Find the number on the sample form.

*Example:* 10

- ▶ Go to the same number below to find out how to fill out the form.

- ▶ Type or print in black ink.

PETITIONER/PLAINTIFF:	<b>10</b>	CASE NUMBER:
RESPONDENT/DEFENDANT:		

6.  PROPERTY RESTRAINT

**11**

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

**12**

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

**13**

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

**14**

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: **15** \_\_\_\_\_ ▶ \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

FL-320 (Rev. January 1, 2003) RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION Page 2 of 2

- 10** Write the name of the persons in the case. YOU are the Petitioner if you started the case. YOU are the “respondent” if another person started the case.
- 11** Check box 6 if the other parent is requesting property restraint orders. Check box 6(a) if you agree with the orders the other party is requesting. Check box 6(b) if you do not agree. Check box 6(c) if you agree to some order – then write in the order you would like.
- 12** Check box 7 if the other party is property control orders. Check box 7(a) if you agree with the orders the other party is requesting. Check box 7(b) if you do not agree. Check box 7(c) if you agree to some order – then write in the order you would like.
- 13** Check box 8 if the other party is requesting any other order not listed above. Check box 8(a) if you agree with the order the other party is requesting. Check box 8(b) if you do not agree. Check box 8(c) if you agree to some order - then write in the order you would like.
- 14** Check the box 9 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. To the right is a 'CASE NUMBER:' box. Below these is the instruction: '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 a dashed line for the name and a solid line for the signature. To the right of the signature line are checkboxes for 'Petitioner/Plaintiff', 'Respondent/Defendant', and 'Attorney'. Below the signature line is the text '(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)'. 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 the 'WEST GROUP' logo.

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

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

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

**5**  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item **12**.

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.)*

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

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

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

Form Adopted Mandatory Title Judicial Court of California FL-105(GC-120) Rev. January 1, 2006 Page 1 of 2 Family Code, § 3400 et seq.; Probate Code, §§ 3513(a), 3512 www.courtinfo.ca.gov

- 1** Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
  - 2** If not filled in for you, print "Fresno" after COUNTY OF. The address is: 1100 Van Ness, Fresno, CA 93724.
  - 3** Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
  - 4** Leave this box blank.
  - 5** If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items **12** & **13**.
  - 6** Fill in the number of minor children from this relationship (minor children – under age 18).
  - 7** For the oldest child, fill in the first and last name.
  - 8** Fill in the city and state where this child was born.
  - 9** Fill in the child's date of birth (MM/DD/YY).
  - 10** If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.
- For **11** through **14** give information from now to the past 5 years, working backward:**
- 11** The beginning and ending date the child lived at the address (from when to when at that address).
  - 12** For the dates you listed, print the city and state where the child lived.
  - 13** Name of person(s) (adult) the child lives or lived with and the physical addresses.
  - 14** Relationship means how the adult is related to the child. For example, mother or father.
  - 15** If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from **7** to **10**. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from **11** to **14**.
  - 16** If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
  - 17** If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

FL-105/GC-120

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

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

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

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

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

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

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

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

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

(TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE OF DECLARANT) \_\_\_\_\_

25. Number of pages attached: \_\_\_\_\_

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

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

## DECLARATION (FL-105/GC-120)

- Page two -

### DIRECTIONS:

- ▶ Find the number on the sample form.  
*Example:* 18
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in 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:	
<b>1</b>			
<b>ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>			
<input type="checkbox"/> CHILD'S name Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	
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)	
<input type="checkbox"/> CHILD'S name Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	
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)	
<input type="checkbox"/> CHILD'S name Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	
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)	

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

Form adopted by Amendment 10A  
Florida Court Procedures  
FL-105(A)/GC-120(A)  
PARTICULAR 10/08

Page 1 of 2  
Form No. 3-08-0000  
Revised Date: 03/14/05, 01/07

**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, with 'SUPERIOR COURT OF CALIFORNIA, COUNTY OF' printed. Box 3 is for the respondent's name. Below these are sections for 'ATTORNEY'S FEES', 'PETITIONER'S EMPLOYMENT', and 'RESPONDENT'S EMPLOYMENT'. A 'NOTICE' section is present, followed by numbered instructions 1 through 11. Section 1 has two sub-questions (a and b) about income sources. Section 2 asks for the number of children. Section 3 asks for the percentage of time with children. Section 4 asks for filing status. Section 5 asks for monthly income from various sources, with a list of sources to check. Section 6 asks for monthly expenses. Section 7 asks for other children living with the petitioner. Section 8 asks for monthly payments for various expenses. Section 9 asks for current employment information. At the bottom, there is a section for 'What was your gross income (before taxes) before work stopped?' and a page number 'Page 1 of 2'.

- 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:	<b>12</b>	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.**

## 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 or number, and address)</p> <p style="text-align: right; font-size: x-small;">FOR COURT USE ONLY</p> <p><b>1</b></p> <p>TELEPHONE NO. _____ FAX NO. _____ ATTORNEY FOR (Name): _____</p> <p><b>2</b></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;"><b>PROOF OF SERVICE BY MAIL</b></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)

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

**PROOF OF SERVICE BY MAIL**

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.*

**BLANK**

**FORMS**

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> ): _____	<b>FOR COURT USE ONLY</b>
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION</b>	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)

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>  _____  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO</b>  STREET ADDRESS: 1100 Van Ness Ave. MAILING ADDRESS: Fresno, CA 93724-0002 CITY AND ZIP CODE: BRANCH NAME: Central Division	
PETITIONER: _____ <i>(This section applies only to family law cases.)</i> RESPONDENT: _____ OTHER PARTY: _____	
GUARDIANSHIP OF <i>(Name):</i> _____ <i>(This section applies only to guardianship cases.)</i>	CASE NUMBER: _____
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

(TYPE OR PRINT NAME)

\_\_\_\_\_

(SIGNATURE OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

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

CASE NAME:  _____	CASE NUMBER:  
-------------------------	----------------------

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

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

CASE NAME:  _____	CASE NUMBER:  _____
-------------------------	---------------------------

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

<input type="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)		



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.**

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> : _____	<b>FOR COURT USE ONLY</b>           CASE NUMBER: _____
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<p style="text-align: center;"><b>PROOF OF SERVICE BY MAIL</b></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.*