FL-5

Linaje de Parentesco

CONTESTACION A LA PETICION DE ESTABLECIMIENTO DE RELACION DE PARENTESCO

Aviso: Usted (Respondent) tiene 30 días desde la fecha de notificación para presentar la Contestación adjuntando el documento Proof of Service.

3 PASOS:

PASO 1. COMPLETAR EL FORMULARIO.

PASO 2. ENTREGAR LOS DOCUMENTOS.

PASO 3. PROCESAR LOS DOCUMENTOS Y PRESENTAR LA PRUEBA DE ENTREGA.

Linaje de Parentesco

CONTESTACION A LA PETICION DE ESTABLECIMIENTO DE RELACION DE PARENTESCO (CONTINUACION)

PASO 1. COMPLETAR EL FORMULARIO

FORMULARIOS QUE DEBEN SER COMPLETADOS

- ☐ Form FL-220, **Response** (Contestacion) (2 páginas).
- ☐ Form FL-105, **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act** (**UCCJEA)** (2 páginas) (Declaracion conforme a la custodia conjunta de un menor y segun la ley)
- ☐ Form FL-105.3c **Attachment to Declaration Under Uniform Child Jurisdiction and Enforcement Act** (UCCJEA) (1 página) Adjunto a la (Declaracion conforme a la custodia conjunta de un menor y segun la ley) [Use este formulario sí hay más de 2 menores involucrados en este caso]
- ☐ Form FL-335, **Proof of Service by Mail (Prueba de entrega via correo)** (2 páginas), o
- ☐ Form FL-330, **Proof of Personal Service (Prueba de entrega via un tercero)** (2 páginas)

PROVEER TRES COPIAS DE TODOS LOS FORMULARIOS

Haga tres (3) copias de todos los formularios usados. Una (1) copia de cada formulario será entregada al otro padre (**vea el paso #2**). Usted presentará el original y dos (2) copias ante el/la actuario(a) quién conservará el original y le devolverá las copias a usted (**vea paso #3**).

Los Formularios pueden ser escritos a máquina o en letra de molde con **tinta negra,** de forma clara y legible.

Linaje de Parentesco

CONTESTACION A LA PETICION DE ESTABLECIMIENTO DE RELACION DE PARENTESCO (CONTINUACION)

PASO 2. PROCESO DE ENTREGA DE LOS DOCUMENTOS

PROCESO DE ENTREGA AL CONYUGE DE UNA COPIA DE TODOS LOS DOCUMENTOS:

- ☐ Form FL-220, **Response** (Contestacion) (2 páginas)
- ☐ Form FL-105, **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act** (**UCCJEA)** (2 páginas) (Declaracion conforme a la custodia conjunta de un menor y segun la ley)
- ☐ Form FL-105.3c **Attachment to Declaration Under Uniform Child Jurisdiction and Enforcement Act** (UCCJEA) (1 página) Adjunto a la (Declaracion conforme a la custodia conjunta de un menor y segun la ley)

[Use este formulario sí hay más de 2 menores involucrados en este caso]

Aviso: Todos estos documentos deben ser entregados a su cónyuge (Petitioner) por alguien distinto de usted, mayor de 18 años y que no sea parte en el caso. Los formularios pueden ser enviados via correo o entregados en persona.

EL NOTIFICADOR TENDRA QUE COMPLETAR EL FORMULARIO "PROOF OF SERVICE":

La **persona que entregó los documentos debe en ese momento completar y firmar el formulario "Proof of Service" (Prueba de entrega),** haciendo una lista de todos los documentos que entregó:

- ☐ Form FL-330, **Proof of Personal Service (Prueba de entrega)** (2 páginas)

or… ☐ Form FL-335, Proof of Service by Mail (Prueba de entrega via correo) ((2 página

Uniformidad de Parentesco

CONTESTACION A LA PETICION DE ESTABLECIMIENTO DE RELACION DE PARENTESCO (CONTINUACION)

PASO 3. PRESENTACION DE LOS FORMULARIOS Y DE LA PRUEBA DE ENTREGA.

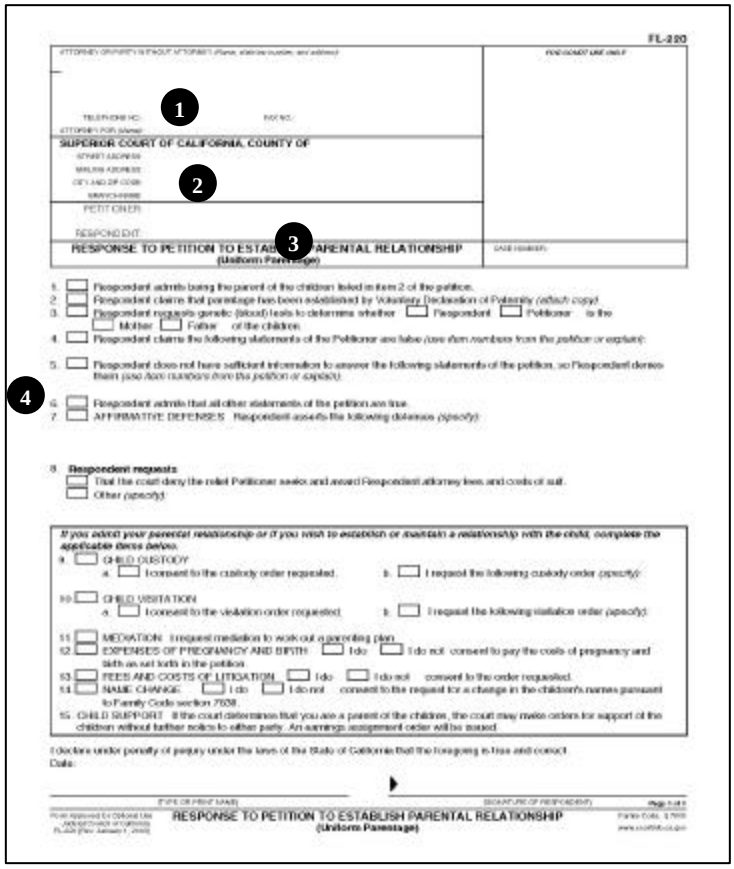
Aviso: Usted (Respondent) tiene 30 días desde la fecha en que le fué notificada la petición para presentar la Contestación (Response) adjuntando el formulario de "Proof of Service"(Prueba de entrega).

PRESENTACION DE LOS FORMULARIOS & PAGO DE COSTAS AL ACTUARIO:

- ☐ **Entregue al Actuario Judicial el original y 2 copias** de todos los formularios usados.
- ☐ **Pague Costos de la Primera Instancia**, a menos que tenga derecho a la renuncia de costos judiciales *(Pregunte por el paquete Fee Waiver.)*
- ☐ El **Actuario Judicial tramitará y sellará las copias**.
- ☐ El **Actuario Judicial conservará el original** de todos los formularios utilizados y le **devolverá las copias a Usted**.

Aviso: todos los documentos que deben ser presentados **pueden serlo en cualquiera de los siguientes lugares**:

- La Oficina del Actuario Judicial, 4to Piso, del Edificio de la Corte – en el centro de la ciudad
- Cualquier Corte del Condado de Fresno.


FL-220

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

PETITIONER

RESPONDENT

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Uniform Parentage)

Como llenar una

CONTESTACION A LA PETICION PARA EL ESTABLECIMIENTO DE RELACION PARENTAL (FL-220) ORDEN DE INTRUCCIONES

- Encuentre el número en el formulario de muestra. *Ejemplo*: ❶
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o en letra de molde, con tinta negra.
- Sí conoce el número del caso (CASE NUMBER), escríbalo, sí no, déjelo en

❶ Escriba su nombre y domicilio. Puede incluir su número de telefono, fax y direccion de correo electronico. (OPCIONAL)

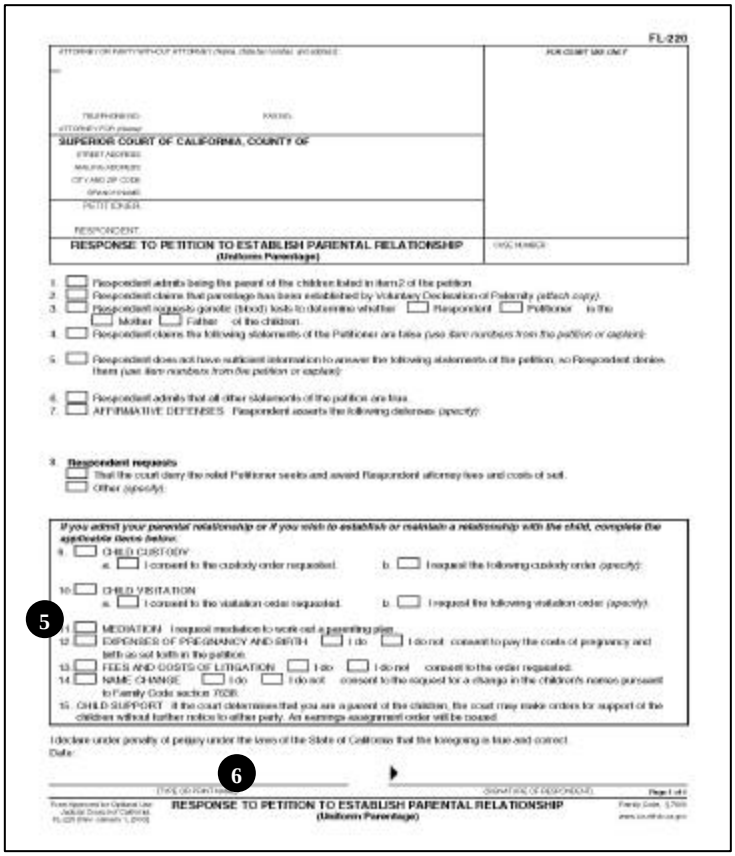
❷ Si no se le a llenado escriba "Fresno" despues de "COUNTY OF." La dirección es: 1100 Van Ness Ave., Fresno CA 93724-0002. Donde dice "Branch Name" escriba: Central Branch.

❸ Escriba el nombre del otro padre despues de "Petitioner" (Demandante). Escribe su nombre despues de "Respondent" (Demandado).

❹ Marque los siguientes cuadros:

1) Marque el cuadro #1 si admite que si es el padre del niño/a.
2) Marque el cuadro #2 si usted o el otro padre firmo un "Voluntary Declaration of Paternity" (Declaracion Voluntaria sobre la Paternidad).
3) Marque el cuadro#3 si usted esta solicitando al juez que ordene una analisis de sangre para determinar si usted o la otra persona es el padre biológico del niño/a. Marque la casilla "Respondant" (Demandado) y la casilla "mother" si usted es la madre o marque la casilla "father" si usted es el padre.
4) Marque el cuadro #4 si usted cree que la declaracion que dio el otro padre <u>no</u> es verdad. Escriba los números o las declaraciones que no son verdad y explique por que no es verdad.
5) Marque el cuadro #5 si usted no tiene suficiente informacion para admitir o negar las declaraciones del otro padre. Escriba el número/s de cada declaracion de cual no tiene suficiente informacion o escriba la declaracion y explique.
6) Marque el cuadro #6 si acepta que todas la declaraciones dado por el otro padre son verdad.
7) Marque el cuadro #7 si tienes una defensa a cualquier declaración hecha por el otro padre. Escribe el número de la declaración dado por el otro padre y escriba su explicación.
8) Marque el cuadro #8 si:

- Usted le esta solicitando al juez que le niege lo que pide el otro padre y le premie a usted los cobros del abogado por defenderse de esta accion; o
- Escriba cual quier otra cosa que pide aqui.



FL-220

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

PETITIONER:

RESPONDENT:

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Uniform Parentage)

CASE NUMBER:

1. ☐ Respondent admits being the parent of the children listed in item 2 of the petition.
2. ☐ Respondent claims that parentage has been established by Voluntary Declaration of Paternity (attach copy).
3. ☐ Respondent requests genetic (blood) tests to determine whether ☐ Respondent ☐ Petitioner is the ☐ Mother ☐ Father of the children.
4. ☐ Respondent claims the following statements of the Petitioner are false (use item numbers from the petition or caption):
5. ☐ Respondent does not have sufficient information to answer the following statements of the petition, so Respondent denies them (use item numbers from the petition or caption):
6. ☐ Respondent admits that all other statements of the petition are true.
7. ☐ AFFIRMATIVE DEFENSES. Respondent asserts the following defenses (specify):

8. **Respondent requests**
☐ That the court deny the relief Petitioner seeks and award Respondent attorney fees and costs of suit.
☐ Other (specify):

If you admit your parental relationship or if you wish to establish or maintain a relationship with the child, complete the applicable items below:

9. ☐ CHILD CUSTODY
a. ☐ I consent to the custody order requested. b. ☐ I request the following custody order (specify):

10. ☐ CHILD VISITATION
a. ☐ I consent to the visitation order requested. b. ☐ I request the following visitation order (specify):

5

11. ☐ MEDIATION. I request mediation to work out a parenting plan.
12. ☐ EXPENSES OF PREGNANCY AND BIRTH ☐ I do ☐ I do not consent to pay the costs of pregnancy and birth as set forth in the petition.
13. ☐ FEES AND COSTS OF LITIGATION ☐ I do ☐ I do not consent to the order requested.
14. ☐ NAME CHANGE ☐ I do ☐ I do not consent to the request for a change in the children's names pursuant to Family Code section 7636.
15. CHILD SUPPORT. If the court determines that you are a parent of the children, the court may make orders for support of the children without further notice to either party. An earnings assignment order will be issued.

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

6

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT) Page 1 of 2

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Uniform Parentage)

Form Approved for Optional Use
Judicial Council of California
FL-220 [New January 1, 2003]

Family Code, §7600
www.courtinfo.ca.gov

Como llenar una

CONTESTACION A LA PETICION PARA EL ESTABLECIMIENTO DE RELACION PARENTAL (FL-220)

Continuacion de página 1

ORDEN DE INTRUCCIONES

- Encuentre el número en el formulario de muestra. *Ejemplo*: ❺
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o en letra de molde, con tinta negra.
- Sí conoce el número del caso (CASE NUMBER) escríbalo, sí no déjelo en blanco.

❺ Marque los siguientes cuadros que se relacione a su causa:

9) Marque la casilla si el otro padre esta requiriendo ordenes de custodia y
   a) Marque la letra **a** si esta de acuerdo con las ordenes de custodia que pide el otro padre.
   b) Marque la letra **b** si no esta de acuerdo con las ordenes de custodia que esta requiriendo el otro padre y escriba las ordenes que usted quiere que la Corte de.

10) Marque este cuadro si el otro padre esta pidiendo ordenes de visita y
   a) Marque la lettra **a** si usted esta de acuerdo con las ordenes de visita que esta pide el otro padre o
   b) Marque la lettra **b** si no esta de acuerdo con las ordenes de visita que esta pide el otro padre y escriba las ordenes que usted quiere que de la juez.

11) Marque esta cuadro si usted quiere que la juez ordene que usted y el otro padre atiendan a intervencion familiar para que llegen a un acuerdo sobre planificacion para custodia y visitas.

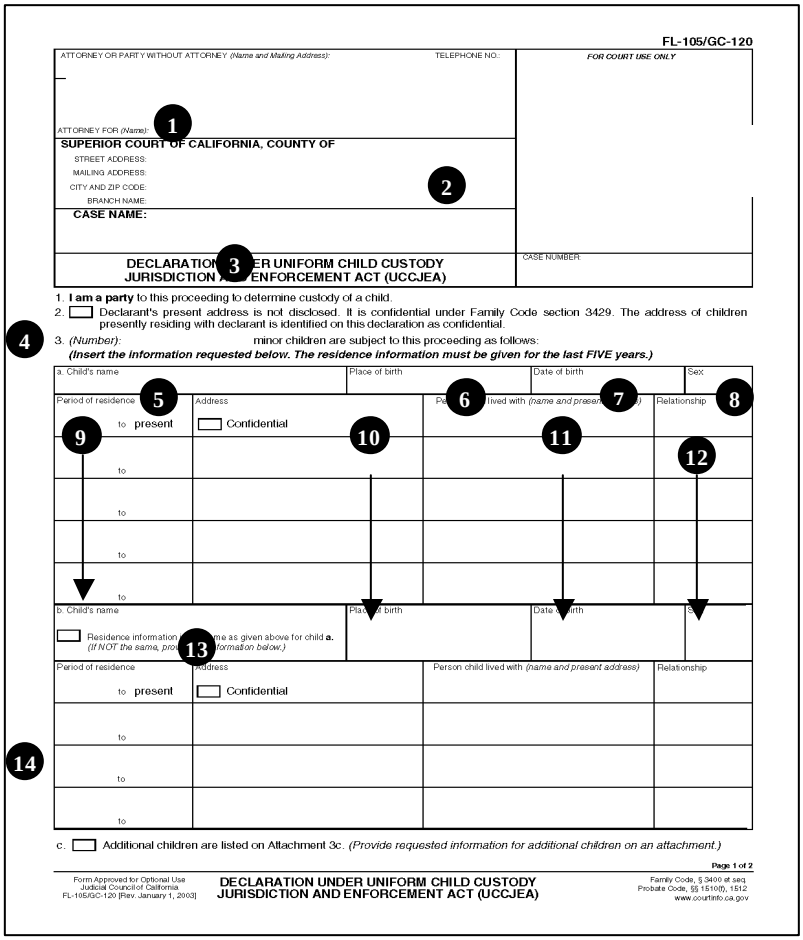
12) Marque esta cuadro si hay gastos del embarazo y nacimiento y marque cuadro "I do" si esta deacuerdo de pagar los gastos o marque el cuadro "I do not…" si no esta de acuerdo de pagar los gastos del embarazo y el parto.

13) Marque esta cuadro si hay gastos relacionados con este caso y marque la cuadro "I do" si esta de acuerdo de pagar los gastos o marque el cuadro "I do not…" si no esta de acuerdo de pagar los gastos.

14) Marque este cuadro si el otro padre esta pidiendo que le cambien el nombre a la criatura y marque el cuadro "I do" si esta de acuerdo o marque el cuadro"I do not" si no esta de acuerdo de que le cambien el nombre.

15) No hay nada que llenar aqui.

❻ Escriba la fecha donde dice "Date" y escriba a maquina o en letra de molde con tinta negra su nombre a lado izquierdo y firme a lado derecho.



FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address): TELEPHONE NO.: FOR COURT USE ONLY

ATTORNEY FOR (Name): 1

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE: 2
BRANCH NAME:

CASE NAME:

DECLARATION 3 ER UNIFORM CHILD CUSTODY JURISDICTION A ENFORCEMENT ACT (UCCJEA)

CASE NUMBER:

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.
3. (Number): minor children are subject to this proceeding as follows: 4

(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 5	Address	Pa 6 lived with (name and presen 7)	Relationship 8
to present	☐ Confidential		
to			12
to			
to			
to			

9 10 11

b. Child's name	Place of birth	Date of birth	Sex
☐ Residence information is the same as given above for child **a.** 13 (If NOT the same, pro formation below.)			

Period of residence	Address	Person child lived with (name and present address)	Relationship
to present	☐ Confidential		
to			
to			
to			

14

c. ☐ Additional children are listed on Attachment 3c. (Provide requested information for additional children on an attachment.)

Page 1 of 2

Form Approved for Optional Use Judicial Council of California FL-105/GC-120 [Rev. January 1, 2003]

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

Family Code, § 3400 et seq. Probate Code, §§ 1510(f), 1512 www.courtinfo.ca.gov

Como llenar la DECLARACIÓN CONFORME AL DECRETO UNIFORME PARA JURISDICCIÓN Y EJECUCIÓN DE PATRIA POTESTAD (FL-105)

INSTRUCCIONES

- Encuentre el número en el formulario de muestra. Ejemplo: 1
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o a mano en tinta negra.
- Si conoce el CASE NUMBER (número de causa) escríbalo o deje en blanco.

❶ Escriba su nombre, la dirección donde recibe correspondencia, y su teléfono(si tiene.)

❷ Escriba "Fresno" despues de "COUNTY OF". Si está en blanco escriba la dirección, es: 1100 Van Ness Ave., Fresno CA 93724-0002. Al lado de BRANCH NAME escriba "Central Branch".

❸ Escriba el apellido del Plaintiff(Demandante) vs. del apellido del Respondent(Demandado). *Ejemplo: Perez v. Perez*. Usted es el demandante si presentó la causa. Es el demandado si otra persona la presentó en contra de usted.

❹ Marque este cuadro si no desea dar su domicilio actual por cuestión de su seguridad. Escriba el número de hijos del matriomonio (menores de 18 años).

❺ Escriba el nombre y apellido del primer nacido.

❻ Escriba el nombre de la ciudad y el estado donde nació el niño.

❼ Fecha de nacimiento del niño (mes, día, año).

❽ Si es niño, escriba M. Si es niña, escriba F.

Del 9) al 12), de la información de los últimos 5 años comenzando con el más reciente:

❾ Fecha en que vivió el niño en cada domicilio(de que fecha a que fecha.)

❿ El domicilio presente del niño será escrito en el primer cuadro, seguido por el domicilio anterior. etc. *Si no desea escribir el domicilio actual del niño por cuestiones de seguridad, marque "confidential" y no escriba el domicilio.*

11 Nombre de un adulto con quien vive o vivio el niño en cada domicilio enumerado.

12 "Relationship" significa el parentesco entre el niño y el adulto. Por ejemplo, madre o padre.

13 Marque el cuadro que sigue del nombre del segundo niño ("Resident information is the same …") si la información del primogénito es igual para este otro niño. Si marca este cuadro no tendrá que llenar los siguientes.

14 Si hay mas hijos, marque el cuadro y llene el apéndice 3c (Attachment 3c.)

SHORT TITLE: 16

CASE NUMBER:

4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
☐ No ☐ Yes *(If yes, provide the following information:)* 17

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other *(specify)*:

c. Court *(specify name, state, location)*:

d. Court order or judgment *(date)*:

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
☐ No ☐ Yes *(If yes, provide the following information:)* 18

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other *(specify)*:

c. Court *(specify name, state, location)*:

d. Status of proceeding:

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 subject to this proceeding?
☐ No ☐ Yes *(If yes, provide the following information:)* 19

a. Name and address of person	b. Name and address of person	c. Name and address of person
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	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:

20 (TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached after this page: 21

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, 2003] **DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)** Page 2 of 2

DECLARACIÓN BAJO EL DECRETO UNIFORME PARA JURISDICCION Y EJECUCION DE PATRIA POTESTAD (FL-105)

- segunda pagina -

INSTRUCCIONES

- Encuentre el número en el formulario de muestra. Ejemplo*:* Ejemplo: 16
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o a mano en tinta negra.
- Si conoce el CASE NUMBER (número de causa) escríbalo o deje en blanco.

16 Escriba el appellido del “Peticioner”(Demandante) vs. el apellido del “Respondent” (Demandado) . *Ejemplo:* Perez v. Perez

17 Marque “yes,” si ha tomado parte en un caso legal (en California o cualquier otra parte) referente a la tutela de cualquier niño en este caso.

- Si marca “yes” (sí), llene de la **a.** hasta la **d.**
- En letra **a**., escriba el nombre de los niño involucrados en el caso.
- En letra **b.,** marque el cuadro que dice “party”.
- En letra **c**., escriba el nombre del tribunal, la dirrección, y el estado.
- En letra **d.,** escriba la fecha de la orden judicial o dictamen de un juez.

18 Marque “yes”(sí) si sabe algo de cualquier caso pendiente (el cual espera ser decidido) referente a la tutela de cualquier niño en esta caso.

- Si es que marco el cuadro “yes”(sí), llene del **a.** hasta **d.**
- En la letra **a.,** escriba el nombre de cada niño.
- En la letra **b**., “Nature of proceeding” (Caracter de la diligencia) significa el tipo de caso. “Dissolution or divorce” (disolución o divorcio), guardianship (tutela), adoption (adopción), other specify (otro y especifique).
- En la letra **c.,** escriba el nombre, la ciudad y el estado del tribunal.
- En la letra **d**., “Status of proceeding” (Estado de la diligencia) escriba el estatus del caso.

19 Dé información referente a cualquier persona (aparte de usted y su conyuge) con quien viva el niño ahora o quien créa que tiene tutela o derechos de visita con el niño.

20 Escriba la fecha (Date) su nombre completo en letra de molde a la izquierda y firme su nombre a la derecha.

21 Escriba el numero de paginas adiccionales en el cuadro si las adjunto.

DECLARACIÓN (FLF-105) – Apéndice 3c

Child's name	Place of birth	Date of birth	Sex
☐ 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 present address)	Relationship
to present	☐ Confidential		
to			
to			
to			

Child's name	Place of birth	Date of birth	Sex
☐ 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 present address)	Relationship
to present	☐ Confidential		
to			
to			
to			

Child's name	Place of birth	Date of birth	Sex
☐ 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 present address)	Relationship
to present	☐ Confidential		
to			
to			
to			

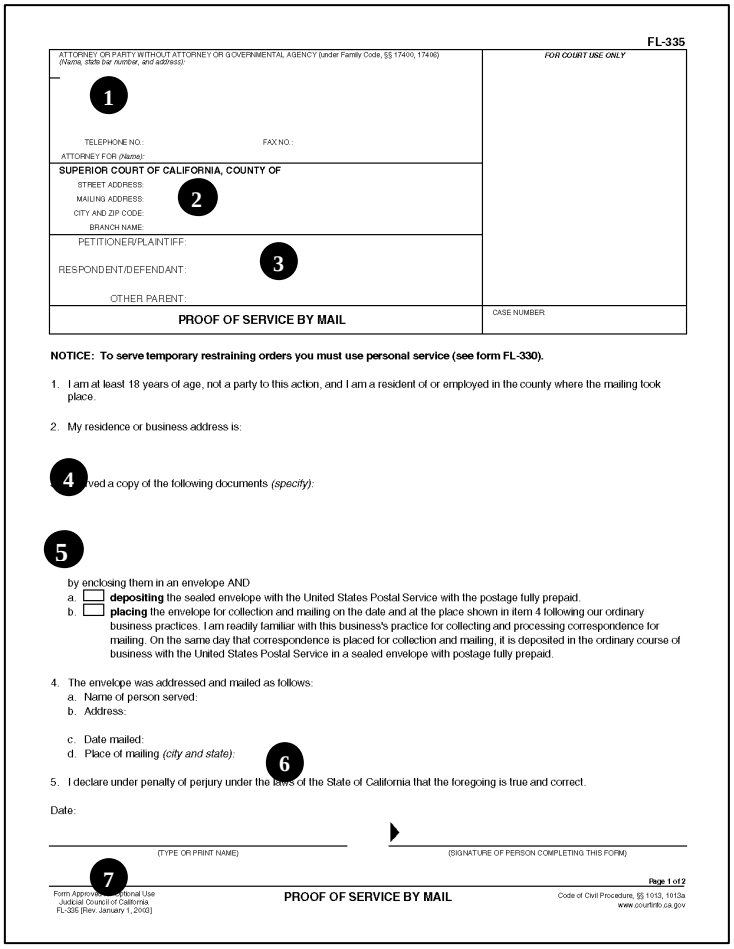
Attachment 3c

Martin Dean's Essential Forms™ — DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJA) — MC-1503C

FLFO

15

15 Utilize esta hoja si hay mas de dos (2) hijos. Llene la información del mismo modo que hizo en las primeras páginas. Pida mas formularios si los necesita.



FL-335

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):

FOR COURT USE ONLY

1

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

2

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

3

PROOF OF SERVICE BY MAIL

CASE NUMBER

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

ved 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:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

7

Page 1 of 2

Form Approved for Optional Use
Judicial Council of California
FL-335 [Rev. January 1, 2003]

PROOF OF SERVICE BY MAIL

Code of Civil Procedure, §§ 1013, 1013a
www.courtinfo.ca.gov

Como llenar la

PRUEBA DE ENTREGA JUDICIAL POR CORREO (Derechos Familiares) (FL-335)

INSTRUCCIONES:

- Encuentre el número en el formulario de muestra. Ejemplo*:* ❶
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina ó en letra de molde, con tinta negra.
- Si conoce el número del caso (CASE NUMBER) escríbalo si no déjelo en blanco.

NOTA: la persona que va entregar estos documentos va a usar este formulario si es que entregò via correo.

❶ Escriba su nombre y número de teléfono.

❷ Escriba “Fresno” después de COUNTY OF. El domicilio es: 1100 Van Ness Ave., Fresno CA 93724-0002. Donde dice “Branch Name” anote: Central Branch.

❸ Escriba los nombres de las personas en este caso. Usted es el “Petitioner” el demandante si usted comenso este caso. O usted es la persona al quien fue demandando donde dice “Respondent.”

❹ Escriba el domicilio particular o del negocio de la persona que va a enviar por correo los documentos legales.

❺ Escriba los nombres y números de los documentos legales que serán enviados. (“Notice of Motion.”)

❻ Escriba el nombre y el domicilio de la persona a quien se le enviarán por correo los documentos legales exactamente igual como está escrito en el sobre.

Escriba la fecha de envío, la ciudad y el estado de donde se enviarán los documentos legales.

❼ La persona que envié los documentos legales por correo tiene que escribir la fecha y su nombre en letra de molde y firmar el formulario.

PRUEBA DE ENTREGA JUDICIAL POR CORREO (Derechos Familiares) (FL-335)

- segunda pagina -

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.

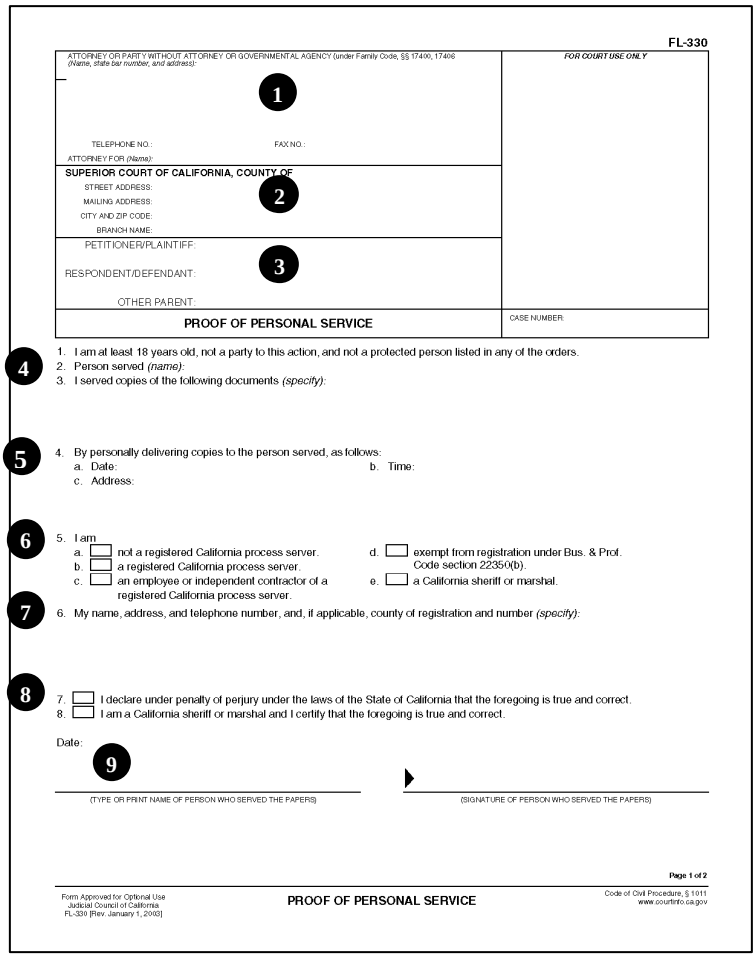
1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact 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.

FL-335 [Rev. January 1, 2003] **PROOF OF SERVICE BY MAIL** Page 2 of 2

En esta página no hay nada que se tenga que llenar, pero deberia leer estas instrucciones.



FL-330

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 (Name, state bar number, and address):

FOR COURT USE ONLY

1

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

2

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

3

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.
2. Person served (name):
3. I served copies of the following documents (specify):

5

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

6

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.

7

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

8

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:

9

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

Page 1 of 2

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2003]

PROOF OF PERSONAL SERVICE

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

Como llenar

PRUEBA DE ENTREGA VIA UN TERCERO (Derechos Familiares) (FL-330)

INSTRUCCIONES:

- Encuentre el número en el formulario de muestra. Ejemplo: ❶
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina ó en letra de molde, con tinta negra.
- Si conoce el número del caso (CASE NUMBER) escríbalo si no déjelo en blanco.

NOTA: la persona que va entregar estos documentos va a usar este formulario si es que entrego por correo estos documentos.

❶ Escriba su nombre y su número telefónico.

❷ Escriba "Fresno" después de COUNTY OF. El domicilio es: 1100 Van Ness Ave., Fresno CA 93724-0002. Donde dice "Branch Name" anote: Central Branch.

❸ Escriba los nombres de las personas en este caso. Usted es el "Petitioner" el demandante si usted comenso este caso. O usted es la persona al quien fue demandando donde dice "Respondent."

La persona que entregue personalmente los documentos tiene que completar la formar "Proof of Service"des de aqui. Usted NO puede servir estos documentos Esta persona necesita ser mas de 18 anos de edad.para poder servir estos documentos

❹ Escriba el nombre de la persona a cual se le entrego los documentos legales.

❺ Escriba los nombres y números de los documentos legales que se entregaron. ("Notice of Motion.")

❻ Escriba la fecha, dirección, y la hora donde se entregaron los documentos legales.

❼ La persona que entregue personalmente los documentos tiene que Marque el cuadro a., "not a registered California process server."

❽ Escriba el nombre, domicilio, y número telefónico de la persona que entregue los documentos legales.

❾ La persona que entregue personalmente los documentos tiene que escribir la fecha, su nombre en letra de molde y firmar el formulario hacia la parte inferior.

PRUEBA DE ENTREGA DE NOTIFICACION VIA UN TERCERO (Derechos Familiares)

(FL-330)

- segunda pagina -

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.

FL-330 [Rev. January 1, 2003] PROOF OF PERSONAL SERVICE Page 2 of 2

En esta página no hay nada que se tenga que llenar, pero deberia leer las instrucciónes.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Mailing Address)*: TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
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. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.
3. *(Number):* minor children 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	Address	Person child lived with *(name and present address)*	Relationship
to present	☐ Confidential		
to			
to			
to			
to			

b. Child's name	Place of birth	Date of birth	Sex
☐ 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 present address)*	Relationship
to present	☐ Confidential		
to			
to			
to			

c. ☐ Additional children are listed on Attachment 3c. *(Provide requested information for additional children on an attachment.)*

Form Approved for Optional Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2003]

Family Code, § 3400 et seq.
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

SHORT TITLE:	CASE NUMBER:

4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
   ☐ No ☐ Yes *(If yes, provide the following information:)*

   a. Name of each child:

   b. Capacity of declarant: ☐ party ☐ witness ☐ other *(specify):*
   c. Court *(specify name, state, location):*

   d. Court order or judgment *(date):*

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
   ☐ No ☐ Yes *(If yes, provide the following information:)*

   a. Name of each child:

   b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other *(specify):*

   c. Court *(specify name, state, location):*

   d. Status of proceeding:

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 subject to this proceeding?
   ☐ No ☐ Yes *(If yes, provide the following information:)*

a. Name and address of person	b. Name and address of person	c. Name and address of person
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	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 after this page:

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406 *(Name, state bar number, and address):* TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF PERSONAL SERVICE	CASE NUMBER:

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)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2003]

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

American LegalNet, Inc.
www.USCourtForms.com

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 *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP **(Uniform Parentage)**	CASE NUMBER:

1. ☐ Respondent admits being the parent of the children listed in item 2 of the petition.
2. ☐ Respondent claims that parentage has been established by Voluntary Declaration of Paternity *(attach copy)*.
3. ☐ Respondent requests genetic (blood) tests to determine whether ☐ Respondent ☐ Petitioner is the ☐ Mother ☐ Father of the children.
4. ☐ Respondent claims the following statements of the Petitioner are false *(use item numbers from the petition or explain):*
5. ☐ Respondent does not have sufficient information to answer the following statements of the petition, so Respondent denies them *(use item numbers from the petition or explain):*
6. ☐ Respondent admits that all other statements of the petition are true.
7. ☐ AFFIRMATIVE DEFENSES Respondent asserts the following defenses *(specify):*
8. **Respondent requests**
   ☐ That the court deny the relief Petitioner seeks and award Respondent attorney fees and costs of suit.
   ☐ Other *(specify):*

If you admit your parental relationship or if you wish to establish or maintain a relationship with the child, complete the applicable items below.

9. ☐ CHILD CUSTODY
   a. ☐ I consent to the custody order requested. b. ☐ I request the following custody order *(specify):*
10. ☐ CHILD VISITATION
   a. ☐ I consent to the visitation order requested. b. ☐ I request the following visitation order *(specify):*
11. ☐ MEDIATION I request mediation to work out a parenting plan.
12. ☐ EXPENSES OF PREGNANCY AND BIRTH ☐ I do ☐ I do not consent to pay the costs of pregnancy and birth as set forth in the petition.
13. ☐ FEES AND COSTS OF LITIGATION ☐ I do ☐ I do not consent to the order requested.
14. ☐ NAME CHANGE ☐ I do ☐ I do not consent to the request for a change in the children's names pursuant to Family Code section 7638.
15. CHILD SUPPORT If the court determines that you are a parent of the children, the court may make orders for support of the children without further notice to either party. An earnings assignment order will be issued.

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

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF SERVICE BY MAIL	CASE NUMBER:

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)

American LegalNet, Inc.
www.USCourtForms.com

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.**

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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:
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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.