Instructions for Responding to **Divorce, Legal Separation** or Nullity

WHEN TO USE THIS PACKET

The attached forms can be used to respond to a:

- Dissolution [Divorce] of Marriage and/or Domestic Partnership
 In order to seek a <u>divorce</u> in this county, you or the other party must have lived in California for the past six months and in Fresno County for the past three months.
- ➤ <u>Legal Separation</u> of Marriage and/or <u>Domestic Partnership</u>

 This allows the Court to divide community property and make orders on custody or support, but does <u>not</u> terminate your marriage or domestic partnership.
- > <u>Nullity [Annulment] of a marriage and/or domestic partnership</u> that was not valid due to specific grounds.

You have 30 days from the date the documents were served on you, to file and serve a response.

There is a first time filing fee to file the enclosed forms, unless you are eligible for a "Fee Waiver" which is available as a separate packet.

STEPS TO RESPOND:

1. The following forms in th	is packet wi	II need to be completed:					
☐ Response to Petition	FL-120	*Declaration of Disclosure	FL-140				
☐ Declaration under UCCJEA	FL-105	\square *Schedule of Assets and debts	FL-142				
☐ Proof of by Mail	FL-335	\square *Income & Expense Declaration	FL-150				
	including. C	tional copies of each form you fill o One copy will be for you; another co for the court.					
3. One copy of the forms m	ust be serve	d on the other party.					
4. The server must complet	e and sign t	ne "Proof of Service by Mail."					
5. File your Response paper	work and th	e proof of service.					
NOTE: *These forms DO NOT need to be filed with the Court but must be SERVED on							

Revised 7/3/2025

the other party.

SAMPLE FORMS

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUI	MBER:			FOR COURT USE ONL	
YOUR NAME				S	AMPLE	-
YOUR ADDRESS						_
CITY, STATE, ZIP CODE	STATE:	ZIP CODE:			ONLY	
YOUR TELEPHONE NUMBE		:				_
ATTORNEY FOR (name):	NOTE: PETITIONER IS THE	PERSON WHO	OPENED THE CAS		O NOT	Γ
SUPERIOR COURT OF CALIFORNIA, CO STREET ADDRESS: 1130 "O" Stree		٦		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		N. I
MAILING ADDRESS: Fresno CA 937	•			VVI	RITE O	IN
CITY AND ZIP CODE: Central Divisio				TUI	C COD	VI
PETITIONER: YOUR SPOUSE/REGIST RESPONDENT: YOUR NAME	TERED DOMESTIC PARTN	ER'S NAME		INI	S COP	T:
	EQUEST FOR	AME	NDED	CASE NUMBER:		
Dissolution (Divorce) of:	Marriage 🔲	Domestic P		COURT	CASENUN	MBER
Legal Separation of:	Marriage Merriage	Domestic P	. 1	L		
LEGAL RELATIONSHIP CHECK THE		Domosiis		VHICH ON	E APPLIES T	O VOLL
a. We are married.					L AI I LILU I	0.00
bl We are domestic partners and	d our domestic partnersh	ip was estab	lished in Califorr	nia.		
			aetaniishad in tu:	alifornia.		
c. We are domestic partners an	d our domestic partnersh	ip was NOT			E ADDITES T	OVOLL
c. We are domestic partners an RESIDENCE REQUIREMENTS (che	ck all that apply):		PICK V	VHICH ON	E APPLIES T	
C. We are domestic partners and RESIDENCE REQUIREMENTS (che a. Petitioner Respondent	ck all that apply): has been a residen	t of this state	PICK V	VHICH ON nonths and of t	his county for at	least
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre	ck all that apply): has been a residen eceding the filing of this F	t of this state Petition. (For	PICK V for at least six many divorce, unless	VHICH ON nonths and of t	his county for at	least
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b ur demestic partnership was	ck all that apply): has been a residen eceding the filing of this F of you must comply with a established in California	t of this state Petition. (For this requiren	for at least six na divorce, unless	NHICH ON nonths and of t	his county for at e legal relationsh	least ip
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b ur demestic partnership was to dissolve our partnership he	ck all that apply): has been a residen eceding the filing of this F of you must comply with a established in Californiane.	t of this state Petition. (For this requirent a. Neither of	for at least six na divorce, unless nent.) us has to be a re	NHICH ON nonths and of to so you are in the esident or have	his county for at e legal relationsh a domicile in Ca	least iip alifornia
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were m	has been a residen a resident a resi	t of this state Petition. (For this required a. Neither of currently live	for at least six mandiverce, unlessed nent.) us has to be a retin a jurisdiction to	NHICH ON nonths and of to so you are in the esident or have	his county for at e legal relationsh a domicile in Ca	least iip alifornia
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b Ur demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This Residue is consisted.	has been a residen a resident a resi	t of this state Petition. (For this required a. Neither of currently live nty where we	for at least six mandiverce, unlessed nent.) us has to be a retin a jurisdiction to	NHICH ON nonths and of to so you are in the esident or have that does not re	his county for at e legal relationsh a domicile in Ca	least iip alifornia
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b ur demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This F	has been a residen a resident a resi	t of this state Petition. (For this required a. Neither of currently live nty where we	for at least six na divorce, unless nent.) us has to be a rein a jurisdiction to married. Respondent lives	THICH ON nonths and of to you are in the esident or have that does not resident (specify):	his county for at e legal relationsh a domicile in Ca	least iip alifornia
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This fe ECK APPROPRIATE BOX STATISTICAL FACTS	ck all that apply): has been a residen eceding the filing of this F of you must comply with a established in California ere. harried in California, but of Petition is filed in the cour	t of this state Petition. (For this requiren a. Neither of currently live nty where we	for at least six ma divorce, unless nent.) us has to be a rein a jurisdiction to married. Respondent lives	which on nonths and of to you are in the esident or have that does not read in (specify): MONTHS MARRIED	his county for at e legal relationsh a domicile in Ca ecognize, and wi	least iip alifornia
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This F ECK APPROPRIATE BOX STATISTICAL FACTS (1) Date of marriage (specify, (3) Time from date of marriage	has been a resident as been a resident that apply): has been a resident as been a resident that a resident th	t of this state Petition. (For this requirent a. Neither of currently live hty where we (2) Date specify):	for at least six na divorce, unless nent.) us has to be a rein a jurisdiction to married. Respondent lives YEARS MARRIED e of separation (Years	which on nonths and of to you are in the esident or have that does not resident (specify): MONTHS MARRIED	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he C. We are the same sex, were in dissolve, our marriage. This fe ECK APPROPRIATE BOX STATISTICAL FACTS	has been a resident as been a resident that apply): has been a resident as been a resident that a resident th	t of this state Petition. (For this requirent a. Neither of currently live nty where we (2) Date specify): California Se	for at least six many divorce, unless the nent.) us has to be a residue in a jurisdiction to married. Respondent lives YEARS MARRIED e of separation (Ayears Cretary of State	which on nonths and of the syou are in the sident or have that does not remark that the syound that does not remark that the syound thad the syound that the syound that the syound that the syound tha	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Qur demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This is ECK APPROPRIATE BOX STATISTICAL FACTS (1) Date of marriage (specify) (3) Time from date of dome	has been a resident eceding the filing of this Foot you must comply with a established in California ere. The control of the country with the	t of this state Petition. (For this requirent a. Neither of currently live nty where we (2) Date specify): California Se (2) Date	for at least six many divorce, unless that to be a result in a jurisdiction to married. Respondent lives warried to of separation (Argument of State of Separation (Argument of Separation (Argumen	which on nonths and of the syou are in the sident or have that does not remark that does not	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This F ECK APPROPRIATE BOX (1) Date of marriage (specify, (3) Time from date of marriage b. (1) Registration date of dome	has been a resident as been as resident as been as resident as established in California are. The control of the count as t	t of this state Petition. (For this requirent a. Neither of currently live hty where we (2) Date specify): California Se (2) Date thip to date of	for at least six na divorce, unless nent.) us has to be a rein a jurisdiction to married. Respondent lives YEARS MARRIED e of separation (Years cretary of State of separation (specific separation (s	which on nonths and of the syou are in the sident or have that does not remark that does not	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This F EECK APPROPRIATE BOX (1) Date of marriage (specify, (3) Time from date of marriage b. (1) Registration date of dome (3) Time from date of registra MINOR CHILDREN	has been a resident eceding the filing of this Foot you must comply with a established in California ere. The control of the country with the	t of this state Petition. (For this requirent a. Neither of currently live hty where we (2) Date specify): California Se (2) Date thip to date of	for at least six na divorce, unless nent.) us has to be a rein a jurisdiction to married. Respondent lives YEARS MARRIED e of separation (Years cretary of State of separation (specific separation (s	which on nonths and of the syou are in the sident or have that does not remark that does not	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This fe ECK APPROPRIATE BOX (1) Date of marriage (specify) (3) Time from date of marriage (1) Registration date of dome (3) Time from date of registra MINOR CHILDREN a There are no minor children.	has been a resident eceding the filing of this F of you must comply with a sestablished in California ere. The control of this filed in the countries of the c	t of this state Petition. (For this requirent a. Neither of currently live nty where we (2) Date specify): California Se (2) Date thip to date of R CHILDREN,	for at least six na divorce, unless nent.) us has to be a residual in a jurisdiction to married. Respondent lives ARRIED e of separation (Near Separation (N	which on nonths and of to you are in the esident or have that does not remark that does not r	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent three months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This F ECK APPROPRIATE BOX (1) Date of marriage (specify, (3) Time from date of marriage (1) Registration date of dome (3) Time from date of registra MINOR CHILDREN a There are no minor children. The minor children are:	has been a resident eceding the filing of this For you must comply with a sestablished in California ere. The control of California, but of the countries of t	t of this state Petition. (For this requirent a. Neither of currently live nty where we (2) Date specify): California Se (2) Date ship to date of R CHILDREN, HILDREN, CHE	for at least six na divorce, unless nent.) us has to be a residual in a jurisdiction to married. Respondent lives ARRIED e of separation (Near Separation (N	which on nonths and of to you are in the esident or have that does not remark that does not r	his county for at a legal relationsh a domicile in Ca ecognize, and with a polyyyyy the equivalent (special years	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This fe STATISTICAL FACTS (1) Date of marriage (specify) (3) Time from date of marriage (1) Registration date of dome (3) Time from date of registra MINOR CHILDREN a. There are no minor children.	has been a resident eceding the filing of this F of you must comply with a sestablished in California ere. The control of this filed in the countries of the c	t of this state Petition. (For this requirent a. Neither of currently live nty where we (2) Date specify): California Se (2) Date thip to date of R CHILDREN,	for at least six na diverce, unless nent.) us has to be a redin a jurisdiction to married. Respondent lives YEARS MARRIED e of separation (Years cretary of State to of separation (specific separatio	which on nonths and of to you are in the esident or have that does not remark that does not r	his county for at a legal relationsh a domicile in Ca ecognize, and wi	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This F ECK APPROPRIATE BOX (1) Date of marriage (specify) (3) Time from date of marriage (1) Registration date of dome (3) Time from date of registration date of dome (3) Time from date of registration date of dome (4) There are no minor children. The minor children are: Child's name	has been a resident eceding the filing of this F of you must comply with a sestablished in California ere. The control of this filed in the countries of the c	t of this state Petition. (For this requirent a. Neither of currently live nty where we (2) Date specify): California Se (2) Date thip to date of CHILDREN, HILDREN, CHE FION FROM O Birthdate BIRTHD BIRTHD	for at least six na divorce, unless nent.) us has to be a rein a jurisdiction to married. Respondent lives YEARS MARRIED e of separation (A years cretary of State of separation (Specific Processing) CHECK BOX a. ECK BOX b. AND LDEST TO YOUN ATE ATE	which on nonths and of to you are in the esident or have that does not remark that does not r	his county for at a legal relationsh a domicile in Ca ecognize, and with the property of the property of the equivalent (special years) Age AGE AGE AGE AGE	least ip alifornia ill not
RESIDENCE REQUIREMENTS (che a. Petitioner Respondent hree months immediately pre described in 1b., at least one b Our demestic partnership was to dissolve our partnership he c. We are the same sex, were in dissolve, our marriage. This formulate box STATISTICAL FACTS (1) Date of marriage (specify) (3) Time from date of marriage (1) Registration date of dome (3) Time from date of registration date of dome (3) Time from date of registration date of dome (4) There are no minor children. The minor children are: Child's name CHILD #1'S NAME	has been a resident eceding the filing of this F of you must comply with a sestablished in California ere. The control of this filed in the countries of the c	t of this state Petition. (For this requirent a. Neither of currently live hty where we (2) Date specify): California Se (2) Date thip to date of CCHILDREN, HILDREN, CHE FION FROM O Birthdate BIRTHD	for at least six na divorce, unless nent.) us has to be a residual in a jurisdiction to married. Respondent lives YEARS MARRIED Pe of separation (Notes of separation (Separation (Sep	which on nonths and of to you are in the esident or have that does not remark that does not r	his county for at a legal relationsh a domicile in Ca ecognize, and with the equivalent (special Years Age Age AGE	least ip alifornia ill not

Family Code, § 2020 www.courts.ca.gov

	FL-12U
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	COURT CASE NUMBER
Respondent requests that the court make the following orders: CHECK THE APPROPRIATION OF THE	TO DOVI ADDI ED. TUDOUOU
5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–23 a. Respondent contends that the parties never legally man THEN CHECK THE APPROPRIA b. Respondent denies the grounds set forth in item 5 of the AND FINALLY CHECK THE c. Respondent requests	PRIATE BOX LABELED (1) THROUGH (3)
The particular of the particul	
(1) Divorce Legal separation of the marriage or domestic partnersh (a) irreconcilable differences. (b) permanent legal incapacity to	
(2) Wullity of void marriage or domestic partnership based on (a) incest. (b) bigamy.	CHECK A BOX FOR a., b., AND c., TO TELL THE
(3) Vullity of voidable marriage or domestic partnership based on (a) respondent's age at time of registration of (d) fraud.	COURT WHO YOU WANT TO HAVE <u>LEGAL</u> CUSTODY,
domestic partnership or marriage.	AND PHYSICAL CUSTODY
(b) prior existing marriage or domestic partnership.	OF THE CHILD(REN) AS WELL AS VISITATION
	al incapacity.
	pondent Joint Other
a. Legal custody of children to	
c. Child visitation (parenting time) be granted to	
As requested in form FL-311 form FL-312 form FL-34 form FL-341(E) Attachmen	
7. CHILD SUPPORT	
 a. If there are minor children born to or ade partnership, the court will make orders for requesting party. b. An earnings assignment may be issued. c. Any party required to pay support must. d. Other (specify): CHECK BOX 8b., IF YOU DO NO WANT TO PAY SPOUSAL SUPPORT TO YOUR SPOUSE/DOMESTIC PARTNER AND/OR IF YOU DO NOT WANT SPOUSAL SUPPORT TO BE PAID TO YOU CHECK BOX 8c., IF YOU WANT TO RESERVE THE ISSUE OF SPOUSAL SUPPORT SO THAT IT MAY BE ADDRESSED IN THE FUTURE 	ing the ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED te, which is currently 10 percent.
8. SPOUSAL OR DOMESTIC PARTNER SUFTERMENT	
a. Spousal or domestic partner support payable to Petitioner Respond to Petitioner Respond to Petitioner Reserve for future determination the issue of support payable to Petitioner Check the Box that applies	spondent
9. SEPARATE PROPERTY IF BOX b. IS CHECKED, ATTACH FL-160, ATTACHMENT	NT 9b, OR LIST ITEMS BELOW
a. here are no such assets or debts that I know of to be confirmed by the court. b. confirm as separate property the assets and debts in Property Declaration the following list.	
LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS FROM <i>BEFORE</i> THE MARRIAGE/DOMESTIC PARTNERSHIP O AFTER THE DATE OF SEPARATION	→ WANT TO GET EACH
ALSO LIST ANYTHING YOU OR THE OTHER PARTY INHERITED OR RECEIVED AS A GIFT AT ANY TIME AND YOU ARE SEEKING ORDERS REGARDING THAT PROPERTY/DEBT	OF THE ITEMS LISTED

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	CASE NUMBER:
CHECK THE	BOX THAT APPLIES
a. There are no such assets or debts that I know of to be IF BOX b. IS b. Determine rights to community and quasi-community a OR LIST ITE IN Property Declaration (form FL-160). as follows (specify):	EMS BELOW
LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS YOU AND THE OTHER PARTY ACCRUED OR EARNED <u>DURING</u> THE MARRIAGE/DOMESTIC PARTNERSHIP (INCLUDING HOUSE, VEHICLES, 401(K), PENSION, CREDIT CARD DEBT, LOANS. ETC.) NO MATTER WHOSE NAME IT IS IN	
11. OTHER REQUESTS a. Attorney's fees and costs payable by Petitioner b. Respondent's former name be restored to (specify):	Respondent 1b. AND WRITE YOUR FULL MAIDEN
	IF YOU WOULD LIKE IT BACK
TODAY'S DATE IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUESTING, CHECK THIS YOU WILL NEED TO BRIEFLY DESCRIBE THE ORDER REQUESTED Continued on Attachment 11c. I declare under penalty of perjury under the laws of the State of California that Date:	
PRINT YOUR NAME HERE	SIGN YOUR NAME HERE
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF RESPONDENT)
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)
FOR MORE INFORMATION: Read Legal Steps for a Divorce or Legal Separat www.familieschange.ca.gov — an online guide for parents and children	
NOTICE: You may redact (black out) social security numbers from any writte form used to collect child, spousal or partner support.	n material filed with the court in this case other than a
NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may or spouse under the other domestic partner's or spouse's will, trust, retireme survivorship rights to any property owned in joint tenancy, and any other simil domestic partner or spouse as beneficiary of the other partner's or spouse's as well as any credit cards, other credit accounts, insurance polices, retirements should be changed or whether you should take any other actions. Some charspouse or a court order.	nt plan, power of attorney, pay-on-death bank account, lar thing. It does not automatically cancel the right of a life insurance policy. You should review these matters, ent plans, and credit reports, to determine whether they

The original response must be filed in the court with proof of service of a copy on Petitioner.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAF	R NUMBER:		FOR COU	RT USE ONLY
NAME: FIRM NAME: YOUR NAME					
STREET ADDRESS YOUR ADDRESS				SAN	NPLE
CITY, STATE, ZIP C	ODE E	ZIP CODE:			
TELEPHONE NO. EMAIL ADDRESS YOUR TELEPHONE	NUMBER				NLY
ATTORNEY FOR (name):					NOT
SUPERIOR COURT OF CALIFORNIA, COL	JNTY OF Fresno	L			NOT
STREET ADDRESS: 1130 "O" Street, MAILING ADDRESS: Fresno CA 93724-2	1220			MAIDIT	TE ON
Control Division	2220			VVKI	TE ON
(This section applies to case	ses other than probat	ப te guardianshii	os.)	THIS	COPY!
PETITIONER: YOUR SPOUSE/REGIS	TERED DOMESTIC PA	ARTNER'S NA	/E	1113	COPT:
RESPONDENT: YOUR NAME					•
OTHER PARTY:		CHEC	CK THE	-	
CHILD'S NAME (Juvenile cases only): (This section applies or	nly to probate quardia		RIATE BOX	CASE NUMBER:	
OUTED DIAMONTO OF (AVE BLANK		Mino		
DECLARATION UND	ER LINIFORM CHII	D CUSTOD		COURT CAS	SE NUMBER
JURISDICTION AND E					
1. I am (check one): a party to	this proceeding to de	etermine custo	dy of a child	the authorized re	presentative of the
	WRITE IN THE			proceeding to deter	mine custody of a child
2. There are (specify number):				eding, as follows (list old	dest child first):
Full Name		Date of	birth	Place of birth (city and state)
a. OLDEST CHILD'S NAMI		MM/DD/Y	YYY	CITY & STATE WHER	E CHILD WAS BORN
b. NEXT OLDEST CHILD'S	NAME	MM/DD/	YYYY	CITY & STATE WHER	E CHILD WAS BORN
c. NEXT OLDEST CHILD'S	NAME	MM/DD/	YYYY	CITY & STATE WHER	
d. NEXT OLDEST CHILD'S	NAME	MM/DD/		CITY & STATE WHER	
Check this box if you need to I	SCHECK THIS BO	OX IF MC-020	or a separa for each addi	te piece of paper, write ". tional child, and attach to	FL-105, Attachment 2,
Additional Children" at the top, 3. a. Check this box if there is o	APPLICABLE			·	·
3. a. Check this box if there is o					
address is confidential unde	PLICABLE), check the	box and prov	ride only the state of resident	
Dates of residence (Month/Year)	Residen (City, Sta			child lived with and te current address	Relationship
From: To present	CURRENT AD		NAME & C	URRENT ADDRESS	RELATIONSHIP
MM/DD/YYYY	FOR THE C			N CHILD LIVES WITH antial (list state only)	OF PERSON TO CHILD
From: To:			Comid	Simal (not otate offiy)	
	THE CHIL	1		IE & CURRENT	<u> </u>
F MM/DD/YYYY THAT CHILD THAT CHILD	ADDRES FOR THE		1	IE & CURRENT ESS OF PERSON	RELATIONSHIP
STARTING STOPPED F LIVING TO AT EACH	FIVE YEA	ARS	CHILD	LIVED WITH FOR	OF PERSON TO CHILD
ADDRESS	GO IN TH BOXE	1		T FIVE YEARS GO HESE BOXES	<u> </u>
F T	BOXE		L IIN I	HESE BUNES	
Additional addresses are li	sted on Attachment 3	3a. (Form MC	020 may be	used for this purpose.)	<u>, L</u>
b. Check this box if there is n	nore than one child a	nd all the child	ren <i>have not</i>	lived together for the pa	st five years. (Attach
form FL-105(A)/GC-120(A)) and list each other (cniia's current	aduress and	men residence history to	or the past five years.) Page 1 of 2

Form Adopted for Vandato
Judicial Council of Californi
FL-105/GC-120 [Rev. Janu

YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX b. AND COMPLETE FORM FL-105(A)/GC-120(A

CA	ASE NAME: OTHER I	PARTY'S <u>LAST</u> N	NAME VS YOUR <u>LAST</u> I	NAME		CASE NUMBER:	T CASE NU	MBER
4.	Do you have information or custody or visitation p	proceeding, in Ca	ou participated as a par lifornia or elsewhere, con a copy of the orders if yo	ncerning a child	d subjec	ct to this procee	eding?	er court case
	Proceeding	Case number	Court (name, state or tribe, location)	Name	e of each child	Your connection to the case	Case status	
	a. Family b. Probate Guardianship	DEALS CHILD(HE COURT IF THER WITH THE CUSTOD (REN) IN THIS CASE.	Y AND/OR V . IF " <u>YES</u> ", C	ISITA [*] OMPL	TION OF THE ETE THE		
	c. Other	INFORI	MATION IN THIS SEC	CTION. IF " <u>NO</u>	<u>0</u> ", SK	IP TO NUMB	ER 5	
	Proceeding d. Juvenile	C	case Number		Cou	rt (name, state	or tribe, locatior	1)
	e. Adoption							
5.	One or more dome	estic violence rest llowing informatio	training/protective orders	are now in eff	ect. (At	tach a copy of t	he orders if you	have one
	Court	County	State or Tribe	Case I	Numbei	r (if known)	Orders exp	ire (date)
	a. Criminal				·/·/·			
	b. Family c. Juvenile		CHECK THIS BOX II	NG ORDERS	IN EF	FECT AND		
	d. Other		OMPLETE THE INFO	RMATION IN	THIS	SECTION		
	Do you know of any persor visitation with any chila. Name and address of	d in this case? person:	barty to this proceeding ves to Name and address L THE COURT IF THE TO HAVE CUSTOD	(If yes, provi	ONE E	following inform c. Name and a LSE THAT	eation): address of perso	
	Has physical custo Claims custody rig Claims visitation ri Name of each child:	hts	Has physical cu Claims custody Claims visitation Name of each child:	rights		Claims of	sical custody custody rights visitation rights child:	,
						,		
	Number of pages and clare under penalty of penalty of penalty of PRINT YOUR	erjury under the la		ornia that the fo		2-4	rect.	
	(NAME O	DECLARANT)		·L_		(SIGNATURE OF D	ECLARANT)	
	NOTICE TO DECLARAI	NT: You have a c	continuing duty to infor	rm this court i	f you o	btain any info	rmation about	a custody

proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105(A)/GC-120(A)

CASE NAME:

OTHER PARTY'S <u>LAST</u> NAME VS YOUR <u>LAST</u> NAME

CASE NUMBER:

COURT CASE NUMBER

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

Instruction as needed t	s: If all the child to list all the child	dren. Number ea	proceeding have not lived together for the last five years, use as many h item and each page consecutively, and attach all pages to form FL-10	05/GC-120.
3. b	Name of child:	NEXT OLDEST	CHILD'S NAME (Provide the child's current address the current address is confidential under Family Code section 3429, che	and their residence eck the box and
		state of residen		
>			e same as given for the child listed in item 2a on form FL-105/GC-120.	(If not the same,
OUEOK TUIC	provide th	e information bei	ow.)	
CHECK THIS BOX IF THE	Dates of	residence	Residence Person child lived with (name and	Relationship
CHILDREN	(Mont	h/Year)	(City, State) complete current address)	
HAVE BEEN	From: To present		CURRENT ADDRESS NAME & CURRENT ADDRESS	RELATIONSHIP OF PERSON
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD OF PERSON CHILD LIVES WITH	TO CHILD
THE SAME			Confidential (list state only) Confidential (list state only)	
ADDRESSES	From:	To:	gomes.ma (not state any)	
	1 10111.			
·			IF THIS CHILD HAS NOT BEEN	
	From:	То:	LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT	
			WHERE THE CHILD HAS BEEN	
	F	To:	LIVING FOR THE PAST 5 YEARS	
	From:	10.		
	From:	To:		
		<u></u>		
	history for the p provide only the Residence	ast five years. If state of residen	e same as given for the child listed in item 2a on form FL-105/GC-120.	eck the box and
CHECK THIS	Dates of	residence	Residence Person child lived with (name and	Relationship
BOX IF THE CHILDREN	(Mont	h/Year)	(City, State) complete current address)	Keiationship
HAVE BEEN	From:	To present	CURRENT ADDRESS NAME & CURRENT ADDRESS	RELATIONSHIP
LIVING AT	1			
The state of the s	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD OF PERSON CHILD LIVES WITH	OF PERSON TO CHILD
THE SAME	MM/DD/YYYY	l	FOR THE CHILD	OF PERSON
THE SAME ADDRESSES		l	FOR THE CHILD	OF PERSON
4	MM/DD/YYYY From:	MM/DD/YYYY	FOR THE CHILD	OF PERSON
4		MM/DD/YYYY	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS	OF PERSON
4		MM/DD/YYYY	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT	OF PERSON
4	From:	To:	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN	OF PERSON
4	From:	To:	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT	OF PERSON
4	From:	To:	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN	OF PERSON
4	From:	To:	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN	OF PERSON
4	From:	To:	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN	OF PERSON
4	From: From:	To: To:	Confidential (list state only) IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN	OF PERSON

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

FL-105(A)/GC-120(A)

CASE NAME:

OTHER PARTY'S LAST NAME VS YOUR LAST NAME

CASE NUMBER:

COURT CASE NUMBER

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

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

as needed	to list all the child	dren. Number ea	ich it	em and each page consecutive	ely, and att	tach all pages to form FL-105	5/GC-120.
3. b.	Name of child:	NEXT OLDES	T CH	HILD'S NAME	(Provide	the child's current address ar	nd their residence
	history for the p	ast five years. It	f the	current address is confidential	under Fan	nily Code section 3429, chec	k the box and
	provide only the						
	Residence	e information is t	he s	ame as given for the child listed	d in item 2a	a on form FL-105/GC-120. (/	f not the same,
CHECK THIS	proviae tn	e information be	iow.,	1			
BOX IF THE	Dates of	residence		Residence	Person c	hild lived with (name and	Deletienship
CHILDREN	(Mont	h/Year)		(City, State)	сотр	olete current address)	Relationship
HAVE BEEN	From:	To present		CURRENT ADDRESS	NAME 8	& CURRENT ADDRESS	RELATIONSHIP
LIVING AT	MM/DD/YYYY	MM/DD/YYYY		FOR THE CHILD		SON CHILD LIVES WITH	OF PERSON
THE SAME	<u> </u>					61	TO CHILD
ADDRESSES	From:	7	╀—	Confidential (list state only)	Con	fidential (list state only)	
	From:	To:					
				IF THIS CHILD HAS NO	T BEEN		
	From:	To:	\vdash	LIVING AT THE SAME A			
	1.10,,,,	10.		AS THE CHILD ABOVE, F	FILL OUT	,	
				WHERE THE CHILD HA			
	From:	To:		LIVING FOR THE PAST 5	5 YEARS		***************************************
				`			
	From:	То:					
						_	
3. b	provide only the Residence	ast five years. If state of residen	f <i>the</i> ce.) he sa	current address is confidential ame as given for the child listed	under Fan		k the box and
CHECK THIS			1				minutes exchange and a second
BOX IF THE	1	residence		Residence		hild lived with (name and	Relationship
CHILDREN		h/Year)		(City, State)		olete current address)	
HAVE BEEN	From:	To present		CURRENT ADDRESS		CURRENT ADDRESS	RELATIONSHIP OF PERSON
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	L	FOR THE CHILD	OF PERS	ON CHILD LIVES WITH	TO CHILD
THE SAME				Confidential (list state only)	Con	fidential (list state only)	
ADDRESSES	From:	To:					_ branches and
			l	IF THIS CHILD HAS NOT	BEEN		
				LIVING AT THE SAME AD			
	From:	To:		AS THE CHILD ABOVE, F			
				WHERE THE CHILD HAS			
		_	$\vdash \vdash$	LIVING FOR THE PAST 5	YEARS		
	From:	To:					
	From:	To:	\vdash				**************************************
			[

Page ___ of __

FL-140

	THOUT ATTORNEY (Name, State	Bar number, and address):		
YOUR NAME	:cc			SAMPLE
CITY, STATE,	· · · · · · · · · · · · · · · · · · ·			SAIVII LL
	ONE NUMBER	1	RITE YOUR NAME AND THE OTHER ACT SAME WAY THROUGHOUT YOUR	ONLY
E-MAIL ADDRESS:			<u>FORMS</u>	
ATTORNEY FOR (Name):	OF CALLEGRAIA COUNT	V OF EDECNO		DO NOT
	OF CALIFORNIA, COUNT	Y OF FRESNO	-	
STREET ADDRESS:	1130 "O" Street,			WRITE ON
MAILING ADDRESS:	Fresno CA 93724-2	2220		VVKITEON
CITY AND ZIP CODE: BRANCH NAME:	Central Division			THIS CODY!
	ONER: YOUR SPOUSE/	REGISTERED DOMEST	IC PARTNER'S NAME	THIS COPY!
RESPONI	DENT: YOUR NAME			L
OTHER PARENT/F	PARTY:			
	DECLARATION tioner's CHECK WHICH party you pondent's ARE		CHECK WHICH DISCLOSURE YOU ARE MAKING	CASE NUMBER: COURT CASE NUMBER

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Response. The time periods may be extended	by written agreement of the parties of by court order (see Family Code section 2104(1)).					
	IF YOU COMPLETED A SCHEDULE OF ASSETS AND DEBTS <u>OR</u> PROPERTY DECLARATION FOR COMMUNITY PROPERTY					
Attached are the following:	AND/OR SEPARATE PROPERTY, CHECK APPROPRIATE BOX AND SPECIFY THE BOX FOR WHICH TYPE OF PROPERTY					
1. Acompleted Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):						
ANDIO	nity Property Separate Property.					
2. Completed Income and Expense	Declaration (form FL-15(YOU ARE REQUIRED TO EXCHANGE THIS FORM ONLY TO THE OTHER PARTY, BUT YOU ONLY HAVE TO FILE IT WITH THE COURT IF YOU ARE ASKING FOR SUPPORT ORDERS					
3. All tax returns filed by the party in the	ne two years before the date that the party served the disclosure documents.					
4. Statement of all material facts and	d information regarding valuation of all assets that are community property or in which the					
	IF THERE ARE NO COMMUNITY ASSETS, CHECK BOX 4 AND WRITE "NO ASSETS"; IF THERE ARE ASSETS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE					
5. A statement of all material facts and	d information regarding obligations for which the community is liable (not a form).					
6. An accurate and complete written d	IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS"; IF THERE isclosure of any investriare debts, fill out an FL-160 and write that form number in this space					
	e of separation that results from any investment, significant business, or other income-					
• • • • • • • • • • • • • • • • • • • •	of marriage to the date of separation (not a form).					
ł	IENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS USINESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY, DESCRIBE IT HERE OR IN AN ATTACHMENT					
I declare under penalty of perjury under the law	ws of the State of California that the foregoing is true and correct.					

Date: TODAY'S DATE

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGNATURE

		t	
·			

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142 TELEPHONE NO. ATTORNEY OR PARTY WITHOUT ATTORNEY (name and address) SAMPLE ONLY YOUR NAME YOUR ADDRESS DO NOT WRITE ON CITY, STATE, ZIP CODE THIS COPY! ATTORNEY FOR (name): FRESNO SUPERIOR COURT OF CALIFORNIA, COUNTY OF PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY CASE NUMBER: SCHEDULE OF ASSETS AND DEBTS CHECK WHICH PARTY YOU ARE COURT CASE NUMBER Petitioner's Respondent's

- INSTRUCTIONS -

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which iten is being continued.

ITEM NO. ASSETS DESCRIPTION	SEP. PROF	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) LIST EACH ADDRESS	\	AND AFT RECEIVE GIFT (AT DURING T	ASSETS YOU BO ER SEPARATION; D FROM ANY INH ANY TIME); AND A THE MARRIAGE THERE IS NONE, INDER THAT CAT	AND ANYTHING ERITANCE OR ANYTHING PUT "N/A, OR
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.) DESCRIBE THE SPECIFIC PIECES/ ITEMS 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.				
(Identify.)				

ITEM NO. ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4. VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.)			\$	\$
LIST THE YEAR, MAKE, MODEL, VIN #, ETC.			CONTINUE LISTII ITEMS AND T PPROPRIATE MO AMOUNTS	HE NETARY
5. SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.) LIST THE BANK NAME AND ACCOUNT #				
6. CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.) LIST THE BANK NAME AND ACCOUNT #				
7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
8. CASH (Give location.)				
9. TAX REFUND				
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				

ITEM	SEP.	DATE	CURRENT GROSS FAIR MARKET	AMOUNT OF MONEY OWED OR
NO. ASSETS DESCRIPTION	PROP	ACQUIRED	VALUE	ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)			\$	\$
		ITE	ONTINUE LISTING MS AND APPROPE	RIATE
12. RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)		IVI	ONETARY AMOU	NIS
LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT #				
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
14. ACCOUNTS RECEIVABLE AND UNSECURED				
NOTES (Attach copy of each.)				
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)				
16. OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET	TC	TAL THE A	MOUNTS IN THES	E COLUMNS IN 18.
18. TOTAL ASSETS			\$	\$

ITEM NO. DEBTS—SHOW TO WHOM OWED		SEP. PROP	TOTAL OWING	DATE ACQUIRED
19. STUDENT LOANS (Give details.)			\$	
20. TAXES (Give details.)	1	R SEPA	YOU BOTH HAI ARATION; AND RRIAGE	1 1
			S NONE, PUT " HAT CATEGOR	
21. SUPPORT ARREARAGES (Attach copies of orders and statements	s.)			
22. LOANS—UNSECURED (Give bank name and loan number and atta statement.)	ach copy of latest			
23. CREDIT CARDS (Give creditor's name and address and the accour copy of latest statement.)	nt number. Attach			
24. OTHER DEBTS (Specify.):				
	TOTAL T	HE DE	BT AMOUNTS I	N THIS COLUMN
25. TOTAL DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS			\$ V	
27. [pages are attached as continued		ng is true	and correct.	
Date: TODAY'S DATE				
PRINT YOUR NAME HERE	S	***************************************	OUR NAME H	IERE

FL-150

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME YOUR NAME	SAMPLE
STRE YOUR ADDRESS	JAIVIFLL
CITY: CITY, STATE, ZIP CODE STATE: ZIP CODE:	ONLY
TELEFYOUR TELEPHONE NUMBER FAX NO.: E-MAIL ADDRESS: FAX NO.: FA	
ATTORNEY FOR (name): NOTE: YOU MUST WRITE YOUR NAME AND THE OTH NAME THE EXACT SAME WAY THROUGHOUT YOU	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno	
STREET ADDRESS: 1130 "O" Street MAILING ADDRESS:	WRITE ON
CITY AND ZIP CODE: Fresno CA 93/24-2220	
BRANCH NAME: Central Division	THIS COPY!
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PA	RTINER'S NAME
OTHER PARTY/PARENT/CLAIMANT:	_
	CASE NUMBER:
INCOME AND EXPENSE DECLARATION	COURT CASE NUMBER
Employment (Give information on your current job or, if you're unemployed)	, your most recent job.)
Attach copies a. Employer:	FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO
of your pay b. Employer's address:	NOT HAVE A JOB, GIVE THE
stubs for last two months d. Occupation:	INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED
two months d. Occupation: (black out e. Date job started:	WAME OF EMPLOYED ADDRESS
Social f. If unemployed, date job ended:	(NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE
Security g. I work about hours per week. numbers). h. I get paid \$ gross (before taxes) per	OF EMPLOYMENT AND SALARY)
2. Are and education	COURT ABOUT YOUR N INCLUDING ANY DEGREES ES YOU EARNED
a	If no, highest grade completed (specil GRADE FINISHED
	ee(s) obtained (specify): DEGREE EARNED
d. Number of years of graduate school completed (specify):	Degree(s) obtained (specify): DEGREE EARNED
e. I have: professional/occupational license(s) (specify): LICENSE vocational training (specify): JOB TRAINING COMPLETED	111220110011
	PAST YEAR YOU FILED
 Tax information a. I last filed taxes for tax year (specify year): 	TAXES. REMEMBER TO NOTE HOW YOU FILED
b. My tax filing status is single head of household	married filing separately (SINGLE, ETC.), WHERE
married, filing jointly with (specify name):	YOU FILED, (CA, ETC.)AND HOW MANY EXEMPTIONS
c. I file state tax returns in California other (specify sta	te): YOU CLAIMED (1, ETC.)
d. I claim the following number of exemptions (including myself) on my taxe	es (specify):
4. Other party's income. I estimate the gross monthly income (before taxes) of	of the other party in this case at (specify): \$
	R PARTY EARNS BEFORE TAXES? HOW DID YOU COME OT KNOW, EXPLAIN WHY YOU DO NOT KNOW
(If you need more space to answer any questions on this form, attach an 8 question number before your answer.) Number of pages attached:	1/2-by-11-inch sheet of paper and write the
I declare under penalty of perjury under the laws of the State of California that the any attachments is true and correct.	ne information contained on all pages of this form and
Date: TODAY'S DATE	
PRINT YOUR NAME HERE (TYPE OR PRINT NAME)	SIGN YOUR NAME HERE (SIGNATURE OF DECLARANT)
(THE STATEMENT TOME)	\/

	FL-150
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NA	
RESPONDENT: YOUR NAME	COURT CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:	COURT CASE NOWIBER
Attach copies of your pay stubs for the last two months and proof of any other incom- return to the court hearing. (Black out your Social Security number on the pay stub ar LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS 5. Income (For average monthly, add up all the income you received in each category in th	nd tax return.)
and divide the total by 12.)	Average
f. Partner support from this domestic partnership from a different dome g. Pension/retirement fund payments h. Social Security retirement (not SSI)	S COLUMN LIST THE S WHAT YOU RECEIVED LAST 12 MONTH FROM LAST 12 MONTHS
j. Unemployment compensation	\$ THAT SOURCE
 Investment income (Attach a schedule showing gross receipts less cash expenses for a Dividends/interest	\$ LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA
I am the owner/sole proprietor business partner other (specify): Name of business (specify): Type of business (specify):	· · · · · · · · · · · · · · · · · · ·
Attach a profit and loss statement for the last two years or a Schedule C from your Social Security number. If you have more than one business, provide the informati	r last federal tax return. Black out your ion above for each of your businesses.
INHERITANCE) AND WRITE WHERE	A ONE-TIME SOURCE OF INCOME, (LOTTERY OYOU RECEIVED THE MONEY AND THE AMOUNT
Change in income. My financial situation has changed significantly over the last 1	
IF YOU HAD A MAJOR CHANGE IN INCOME IN THE PAS Deductions	
 a. Required union dues	\$ SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEM FROM LAST MONTH'S MONTH'S
Assets a. Cash and checking accounts, savings, credit union, money market, and other deposit b. Stocks, bonds, and other assets I could easily sell	Total t accounts

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change

maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

-		
ы	-1	51

						FL-150
PETITIONER: YOUR		ED DOMESTIC PA	RTNER'S NAM	E UMBER:		_
RESPONDENT: YOUR NAME COURT CAS					SE NUMBER	
OTHER PARTY/PARENT/CLAIMANT:	OTHER PARTY/PARENT/CLAIMANT:					
12. The following people live with me:						
		person is	That person's		Pays some of t	
Name	Age related to	me (ex: son)	monthly inco	me	household exp	enses?
a. LIST ANYONE WHO LI	VES WITH YOU (INC	LUDING CHILD(R	EN), ROOMATE	S,	Yes	No No
FAMILY, ETC.), THEIR A	GE, THEIR RELATIO	N TO YOU, HOW	NUCH THEY M	AKE	Yes Yes	No No
d.	WHETHER THEY PA	Y ANY EXPENSE:	FOR THE HO	ME	Yes	No
e.					Yes	No
13. Average monthly expenses	stimated expenses	Actual e	xpenses	Propos	ed needs 🗲	-CHECK ONE
a. Home:		h. LIST A	LL OF aning	J	\$	
(1) Rent or mortgag	e\$	I EXPE	NOEO I		4	
If mortgage:		١ ١	OR THE			
(a) average principal: \$	/	1		and vacation.		
(b) avolugo interest.	/	1	rpenses and tr nce, gas, repa	•	\$	
(2) Hemogyporis or rentoris incurence		,	ce (life, accide		1	
(3) Homeowner's or renter's insuranc (if not included above)			ome, or health			
(4) Maintenance and repair		,	s and investm			
b. Health-care costs not paid by insuran	ce \$	Programme and management of the second	ble contributio			\leq
c. Child care	\$		payments lis below in 14 a			
d. Groceries and household supplies	\$	111	specify):	and moon tota	\$	
e. Eating out	\$					
f. Utilities (gas, electric, water, trash)	\$ \		EXPENSES ounts in a(1)(a		agg in	
g. Telephone, cell phone, and e-mail	\$	/	t of expense		refs \$ 5	
			UP ALL THE		//	
14. Installment payments and debts not lis	ted above	1 1	S YOU LISTED LL TO PUT HER		RITE HOW MUCI NSES ARE PAID	
Paid to	For	LATOIA	Amount	Balance	Date of last p	
7 414 15			\$	\$	•	
	YMENTS YOU ARE M					
MORTGAGES, CREDIT HOW MUCH YOU PAY						
PAYMENT. ADD UP ALL C	F THE MONTHLY PA	YMENT AMOUNT	S AND PUT TH	IE TOTAL IN I	TEM 13. p.	
			\$	\$		
			\$	\$		
			\$	\$		
45.44	1 15 - 141		ON	ILY CON	IPLETE S	ECTION
15. Attorney fees (<i>This information is require</i> a. To date, I have paid my attorney this			t t	15. IF	YOU HAD	AN
b. The source of this money was (specif		costs (specify).			IEY AND	
c. I still owe the following fees and costs		ecify total owed):	_ -			
d. My attorney's hourly rate is (specify):	,	,			HER PAR	
I confirm this fee arrangement.			PA	Y FOR	OUR AT	IORNEY
DO NOT S	SIGN ON .	THIS DA	GE IIN	II FSS]	
Date.						
COI	<u>MPLETIN</u>	G SECT	<u>ION 15</u>			
(TYPE OR PRINT NAME OF ATTORNEY)				(SIGNATURE OF	ATTORNEY)	

20. Other information I want the court to know concerning support in my case (specify):

WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURTUSE ONLY
YOUR NAME	SAMPLE
YOUR ADDRESS	SAMILE
CITY, STATE, ZIP CODE	ONLY
YOUR TELEPHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional):	DO NOT
ATTORNEY FOR (Name):	14/5175 611
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO	WRITE ON
STREET ADDRESS: 1130 "O" Street,	TILLS CODY!
MAILING ADDRESS: CITY AND ZIP CODE: Fresno CA 93724-2220	THIS COPY!
BRANCH NAME: Central Division	
PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: YOUR NAME	
	(If applicable, provide):
OTHER PARENT/PARTY:	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
TROOF OF GERVIOL BY MALE	DEPT.:

- place.
- 2. My residence or business address is:

SERVER'S ADDRESS SERVER'S CITY, STATE, AND ZIP CODE

3. I served a copy of the following documents (specify):

WRITE IN THE NAME(S) AND THE FORM(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY

by enclosing them in an envelope AND CHOOSE ONE

- depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- 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: THE OTHER PARTY'S NAME
 - b. Address: THE OTHER PARTY'S ADDRESS
 - c. Date mailed: DATE SERVER MAILED YOUR FORMS TO THE OTHER PARTY
 - d. Place of mailing (city and state): CITY AND STATE WHERE THE FORMS WERE MAILED

DO NOT CHECK ITEM 5. 5. I served **UNLESS YOU ARE** address **INCLUDING FL-334** Custody

dy, visitation, or child support judgment or permanent order which included an tion Regarding Address Verification—Postjudgment Request to Modify a Child er (form FL-334) may be used for this purpose.)

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

Date: DATE SERVER SIGNS

SERVER PRINTS THEIR NAME HERE

SERVER SIGNS HERE

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

	,
	v

BLANK FORMS

(To be Completed)

				FL-120
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:		FOR COURT USE ONLY	1
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:	STATE: ZIP CODE:			
TELEPHONE NO.:	FAX NO.:			
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY O)F			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PETITIONER: RESPONDENT:				
		CASE NUMI	BER:	
RESPONSE AND REQUES		NDED		
Dissolution (Divorce) of: Marri		· 1		
Legal Separation of: Marri		-		
Nullity of: Marri	iage	artnership		
 LEGAL RELATIONSHIP (check all that app a. We are married. We are domestic partners and our d c. We are domestic partners and our d 	omestic partnership was estab			
2. RESIDENCE REQUIREMENTS (check all the	hat apply):			
	as been a resident of this state the filing of this Petition. (For a must comply with this requirem lished in California. Neither of the California, but currently live is filed in the county where we	a divorce, unless you are nent.) us has to be a resident of in a jurisdiction that does	e in the legal relationship r have a domicile in Cal s not recognize, and will	ip Iifornia
3. STATISTICAL FACTS				
 a. (1) Date of marriage (specify): (3) Time from date of marriage to da b. (1) Registration date of domestic particles 	ite of separation <i>(specify):</i> rtnership with the California Se	e of separation (specify): Years cretary of State or other e of separation (specify):	Months state equivalent (specif	fy below):
(3) Time from date of registration of	domestic partnership to date o	f separation (specify):	Years	Months
4. MINOR CHILDREN	·			
a. There are no minor children. b. The minor children are: Child's name	<u>Birthdate</u>		<u>Age</u>	
 (1) continued on <u>Attachment 4</u>l c. If any children were born before the marribe children of the marriage or domestic p d. If there are minor children of Petitioner ar 	iage or domestic partnership, tl partnership.	he court has the authority		
and Enforcement Act (UCCJEA) (form FL		Collination, Chiaor Chiloni		•
e. Petitioner and Respondent signed a	voluntary declaration of parent	tage or paternity. (Attach	a copy if available.)	Page 1 of

PETITIONER: RESPONDENT:	CASE NUMBER:
Respondent requests that the court make the following orders: 5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312) a. Respondent contends that the parties never legally married or registered a b. Respondent denies the grounds set forth in item 5 of the petition. c. Respondent requests (1) Divorce Legal separation of the marriage or domestic par (a) irreconcilable differences. (b) permanent legal incap	tnership based on
(2) Nullity of void marriage or domestic partnership based on(a) incest. (b) bigamy.	
domestic partnership or marriage. (b) prior existing marriage or domestic partnership.	raud. orce. ohysical incapacity.
6. CHILD CUSTODY AND VISITATION (PARENTING TIME) Petitione	r Respondent Joint Other
 a. Legal custody of children to	FL-341(C)
	chment 6c(1)
7. CHILD SUPPORT	
 a. If there are minor children born to or adopted by Petitioner and Respondent before partnership, the court will make orders for the support of the children upon requerequesting party. b. An earnings assignment may be issued without further notice. c. Any party required to pay support must pay interest on overdue amounts at the "Id. Other (specify): 	st and submission of financial forms by the
8. SPOUSAL OR DOMESTIC PARTNER SUPPORT	
 a. Spousal or domestic partner support payable to Petitioner R b. Terminate (end) the court's ability to award support to Petitioner C c. Reserve for future determination the issue of support payable to Petitioner C d. Other (specify): 	
9. SEPARATE PROPERTY	
 a. There are no such assets or debts that I know of to be confirmed by the cour b. Confirm as separate property the assets and debts in the following list. 	t. ration (form <u>FL-160</u>). Attachment 9b. <u>Confirm to</u>

DETITIONED:		CASE NUMBER:
PETITIONER: RESPONDENT:		
10. COMMUNITY AND QUASI-COMMUNITY PROPERT a. There are no such assets or debts that I know b. Determine rights to community and quasi-com in Property Declaration (form FL-160). as follows (specify):	of to be divided by the court.	ssets and debts are listed
	:	
11. OTHER REQUESTS a. Attorney's fees and costs payable by b. Respondent's former name be restored to (specify):	Petitioner Respondent ecify):	
Continued on <u>Attachment 11c.</u> I declare under penalty of perjury under the laws of the Sta	ate of California that the foregoing i	s true and correct.
(TYPE OR PRINT NAME) Date:	· · · · · · · · · · · · · · · · · · ·	(SIGNATURE OF RESPONDENT)
(TYPE OR PRINT NAME)	(SI	GNATURE OF ATTORNEY FOR RESPONDENT)
FOR MORE INFORMATION: Read Legal Steps for a Direction at www.familieschange.ca.gov — an online guide for particular to the state of the sta	vorce or Legal Separation (form FL parents and children going through	<u>-107-INFO</u>) and visit "Families Change" divorce or separation.
NOTICE: You may redact (black out) social security num form used to collect child, spousal or partner support.	nbers from any written material filed	with the court in this case other than a
NOTICE—CANCELLATION OF RIGHTS: Dissolution or or spouse under the other domestic partner's or spouse' survivorship rights to any property owned in joint tenancy domestic partner or spouse as beneficiary of the other p as well as any credit cards, other credit accounts, insural should be changed or whether you should take any other	s will, trust, retirement plan, power y, and any other similar thing. It doe artner's or spouse's life insurance p ance polices, retirement plans, and	of attorney, pay-on-death bank account, es not automatically cancel the right of a colicy. You should review these matters, credit reports, to determine whether they

spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

TTORNEY OR PARTY WITHOUT ATTORNEY	STATE BA	R NUMBER:	A Committee of the Comm	FOR COUR	RT USE ONLY
IAME:					
IRM NAME:					
TREET ADDRESS:					
SITY:	STATE:	ZIP CODE:			
ELEPHONE NO.:	FAX NO.:				
MAIL ADDRESS:					
TTORNEY FOR (name):					
UPERIOR COURT OF CALIFORNIA, C	OUNTY OF				
STREET ADDRESS:					
MAILING ADDRESS:					
ITY AND ZIP CODE:					
BRANCH NAME:					
(This section applies to a PETITIONER: RESPONDENT:	cases other than proba	te guardiansn.	ips.)		
OTHER PARTY: CHILD'S NAME (Juvenile cases only):					
	only to probate guardi	anship cases.,)	CASE NUMBER:	
GUARDIANSHIP OF (name):			Mino		
DEC: 15.1710	DED LINIESDIA CUI	LD CUCTOF			
DECLARATION UN					
JURISDICTION AND	CINFORCEIVICIAL	100001	·^)		
There are (specify number):	minor children v	-		this proceeding to deter	lest child first):
Full Name		Date o	f birth	Place of birth (city and state)
a.					
b.					
D.					
C.					
d.					
Check this box if you need to Additional Children" at the to a. Check this box if there is address is confidential under the current address.	op, provide all requeste s only one child or if all of the child listed in iten	ed information of the childrein of 2a and their	for each addit n listed in item residence hist	ional child, and attach to 2 have lived together fo ory for the past five yea	this form.) r the past five years. rs. If the current
Dates of residence (Month/Year)	Resider (City, St	nce	Person	child lived with and te current address	Relationship
From: To present					
	Confidential (li	st state only)	Confide	ntial (list state only)	
From: To:					
From: To:					
From: To:	· ·				
From: To:					
Additional addresses are b. Check this box if there is form FL-105(A)/GC-120	s more than one child a	and all the chil	dren <i>have not</i>	lived together for the pa	st five years. (Attach

CAS	E NAME:				CASE NUMBER:	FL	-105/GC-12
4. E	oo you have information r custody or visitation p Yes No	proceeding, in Ca	you participated as a par lifornia or elsewhere, co a copy of the orders if yo	ncerning a child	subject to this procee	eding?	er court case
	Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a	a Family						
t	Probate Guardianship						
c	:. Other						
	Proceeding	(Case Number		Court (name, state	or tribe, location	ר)
c	I. Juvenile						
e	e. Adoption						
i. [and provide the fo	County	training/protective orders		ect. (<i>Attacn a copy or</i> : Number <i>(if known)</i>	Orders ir you	****
а		County	State of Tribe	Case	number (II known)	Orders exp	oire (<i>date)</i>
b							
C							
d							
0	o you know of any per r visitation with any chi . Name and address o	ld in this case?	party to this proceeding Yes No	(If yes, provi	de the following inform		
 	Has physical custo Claims custody rig Claims visitation ri	ihts	Has physical company Claims custody Claims visitation Name of each child:	rights	Claims	vsical custody custody rights visitation rights n child:	
. г	Number of pages	attached:					
dec	-		aws of the State of Califo	ornia that the fo	regoing is true and co	rrect.	
)ate:					-		
	(NAME O	F DECLARANT)		<u> </u>	(SIGNATURE OF E		

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.

				EI 40	05(A)/GC-120(A)
CASE NA	ME:			CASE NUMBER:	13(K)/GC-120(K)
	OL A DATION	LINDED UNIEGO	ATTACHMENT TO	CTION AND ENFORCEMENT ACT	· (UCCJEA)
Instruction	ons: If all the o	children subject to the	e proceeding have not lived togeth	er for the last five years, use as many c rely, and attach all pages to form FL-10	copies of this form
3. b	Name of ch	ild [.]	f the current address is confidentia	(Provide the child's current address a I under Family Code section 3429, chec	nd their residence
	Resid	ence information is the the information be	he same as given for the child liste	d in item 2a on form FL-105/GC-120. (I	f not the same,
		of residence lonth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present	Confidential (list state only)	Confidential (list state only)	
	From:	То:	Confidential (nst state only)		
	From:	То:			
	From:	To:			
	From:	То:			
3. b	provide only Resid	he past five years. It the state of residen	<i>ce.)</i> he same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, chec ed in item 2a on form FL-105/GC-120. (a	ckthe box and
		of residence onth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present			
	From:	To:	Confidential (list state only)	Confidential (list state only)	
	i From:	110.	i e	1	1

Page ___

From:

From:

From:

To:

To:

To:

				FL-1	05(A)/GC-120(A
CASE NAM	ME:			CASE NUMBER:	
DEC	CLARATION U	NDER UNIFOR	ATTACHMENT TO	O CTION AND ENFORCEMENT AC	T (UCCJEA)
nstructio	ns: If all the chil	dren subject to th	ne proceeding have not lived togeth	er for the last five years, use as many vely, and attach all pages to form FL-10	copies of this form
b	Name of child:		If the current address is confidentia	(Provide the child's current address a I under Family Code section 3429, che	and their residence
	Residend provide t	ce information is he information be	the same as given for the child liste elow.)	ed in item 2a on form FL-105/GC-120. (If not the same,
	1	f residence th/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present			
	From:	To:	Confidential (list state only)	Confidential (list state only)	
	·				
	From:	То:			
	From:	То:	,		
	From:	То:			
. b	provide only th	e state of resider	nce.) the same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, che ad in item 2a on form FL-105/GC-120. (ck the box and
		f residence th/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present			
	From:	То:	Confidential (list state only)	Confidential (list state only)	
	From:	То:			
	From:	To:			
	From:	To:			

•	FL-140
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (Name):	_
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE	CASE NUMBER:
Petitioner's Preliminary	
Respondent's Final	
DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTAC	CHMENTS WITH THE COURT
 documents was completed or waived must be filed with the court (see form FL-141). In summary dissolution cases, each spouse or domestic partner must exchange preliminary. Dissolution Information (form FL-810). Final disclosures are not required (see Family Code In a default judgment case that is not a stipulated judgment or a judgment based on a marily petitioner is required to complete and serve a preliminary declaration of disclosure. A final (see Family Code section 2110). Service of preliminary declarations of disclosure may not be waived by an agreement betw Parties who agree to waive final declarations of disclosure must file their written agreement. 	section 2109). Ital settlement agreement, only the disclosure is not required of either party een the parties. It with the court (see form FL-144). It with one of within 60 days of filing the Petition.
The respondent must serve a preliminary declaration of disclosure at the same time as the Response. The time periods may be extended by written agreement of the parties or by court	
Attached are the following:	
1. A completed Schedule of Assets and Debts (form FL-142) or A Property De Community and Quasi-Community Property Separate Property.	claration (form FL-160) for (specify):
2. A completed <i>Income and Expense Declaration</i> (form FL-150).	
3. All tax returns filed by the party in the two years before the date that the party serve	ed the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets the community has an interest (not a form).	at are community property or in which the
5. A statement of all material facts and information regarding obligations for which the	community is liable (not a form).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity presented since the date of separation that results from any investment producing opportunity from the date of marriage to the date of separation (not a fon	, significant business, or other income-
I declare under penalty of perjury under the laws of the State of California that the foregoing is	true and correct.
Date:	

THIS FORM SHOULD NOT BE FILED WITH THE COURT

ATTORNEY OR PARTY WITH	OUT ATTORNEY (name and address):	TE	ELEPHONE NO.:
ATTORNEY FOR (name): SUPERIOR COURT OF	F CALIFORNIA, COUNTY OF		
PETITIONER: RESPONDENT:			
	SCHEDULE OF ASSETS AND DEBTS Petitioner's Respondent's		CASE NUMBER:

- INSTRUCTIONS -

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

	I		CURRENT CROSS	AMOUNT OF MONEY
ITEM	SEP.	DATE	FAIR MARKET	AMOUNT OF MONEY OWED OR
NO. ASSETS DESCRIPTION	PROP	ACQUIRED	VALUE	ENCUMBRANCE
	FROP	ACGOINED	\$	\$
1. REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)			P	 \$
deeds with legal descriptions and latest lender's statement.)				
\		***************************************		
O HOUSELOLD SUBMITURE SUBMIQUINOS APPLIANOSO				
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES				
(Identify.)				
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.				
(Identify.)				
				Page 1 of 4

ITEM	CED	DATE	CURRENT GROSS AMOUNT OF		
ITEM NO. ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	FAIR MARKET VALUE	OWED OR ENCUMBRANCE	
4. VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.) 1. VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.)			\$	\$	
5. SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.)					
6. CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)					
7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)					
8. CASH (Give location.)					
. CASIT (Give location.)					
9. TAX REFUND					
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)					

ITEM NO. ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
 STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.) 			\$	\$
12. RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)				
12 DDOCIT CHARING ANNIHITIES IDAS DEFENDED				
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)				
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)				
16. OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET				
18. TOTAL ASSETS			\$	\$

ITEM NO. DEBTS—SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE ACQUIRED
19. STUDENT LOANS (Give details.)		\$	
20. TAXES (Give details.)			
21. SUPPORT ARREARAGES (Attach copies of orders and statements.)			
22. LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.)			
ı,			
23. CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)			
copy of fatest statement.)			
24. OTHER DEBTS (Specify.):			
	VAN		
25. TOTAL DEBTS FROM CONTINUATION SHEET			
26. TOTAL DEBTS		\$	
27. [Specify number): pages are attached as continuation sheets.			
I declare under penalty of perjury under the laws of the State of California that the foregoi	ng is true	e and correct.	,
Date:			
/TYPE OD DDINT NAME)	(SIGN	ATURE OF DECLARANT)	

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPE	ENSE DECLARATION	CASE NUMBER:
INCOME AND EXPL	INSE DECEARATION	
Attach copies of your pay stubs for last two months (black out Social Security numbers). a. Employer: b. Employer's address: c. Employer's phone num d. Occupation: e. Date job started: f. If unemployed, date job g. I work about h. I get paid \$ (If you have more than one job, attach ar jobs. Write "Question 1—Other Jobs" at	o ended: hours per week. gross (before taxes) per month n 8 1/2-by-11-inch sheet of paper and list	per week per hour. the same information as above for your other
2. Age and education	the top.	
a. My age is (specify):		
b. I have completed high school or the	equivalent: Yes No I	f no, highest grade completed (specify):
c. Number of years of college complete		otained (specify):
•		Degree(s) obtained (specify):
d. Number of years of graduate school		Degree(s) obtained (specify).
-	ational license(s) (specify):	
vocational training (specify):	
3. Tax information		
a. I last filed taxes for tax year (s b. My tax filing status is sing married, filing jointly with (spe	le head of household m cify name):	arried, filing separately
c. I file state tax returns in Ca	alifornia other (specify state):	
d. I claim the following number of exem	nptions (including myself) on my taxes (spe	cify):
4. Other party's income. I estimate the gr	ross monthly income (before taxes) of the o	ther party in this case at (specify): \$
This estimate is based on (explain):	toss monthly moonie (botole taxes) of the o	ther party in the same at (opening), t
(If you need more space to answer any question number before your answer.)		r-11-inch sheet of paper and write the
I declare under penalty of perjury under the any attachments is true and correct.	laws of the State of California that the infor	mation contained on all pages of this form and
Date:	L	
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT) Page 1 of 4

	FL-15
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	
Attach copies of your pay stubs for the last two months and proof of return to the court hearing. (Black out your Social Security number of	any other income. Take a copy of your latest federal tax n the pay stub and tax return.)
5. Income (For average monthly, add up all the income you received in e and divide the total by 12.) a. Salary or wages (gross, before taxes)	Last month monthly Last month monthly \$ tly receiving
g. Pension/retirement fund payments	(SDI) Private insurance \$
Investment income (Attach a schedule showing gross receipts less case) a. Dividends/interest. b. Rental property income. c. Trust income. d. Other (specify):	\$ \$
7. Income from self-employment, after business expenses for all bust I am the owner/sole proprietor business partner Number of years in this business (specify): Name of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a Sche Social Security number. If you have more than one business, provided the security number of the security number of the security number.	other (specify): dule C from your last federal tax return. Black out your ride the information above for each of your businesses.
amount):	
9. Change in income. My financial situation has changed significant10. Deductions	ntly over the last 12 months because (specify): Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), o	
c. Medical, hospital, dental, and other health insurance premiums (tot	
d. Child support that I pay for children from other relationshipse. Spousal support that I pay by court order from a different marriage	
f. Partner support that I pay by court order from a different domestic p	
g. Necessary job-related expenses not reimbursed by my employer (a	
11. Assets	
a. Cash and checking accounts, savings, credit union, money market,	Total
b. Stocks, bonds, and other assets I could easily sell	\$
	e fair market value minus the debts you owe)\$
	•
* Check the box if the spousal support order or judgment was executed by the partie maintains the spousal support payments as taxable income to the recipient and tax	es and the court before January 1, 2019, or if a court-ordered change deductible to the payor.

						FL-15
	PETITIONER:			CA	SE NUMBER:	
	RESPONDENT:					
ОТ	HER PARTY/PARENT/CLAIMANT:					
12. T h	e following people live with me:					
		۸۵۵	How the person is	That perso	_	Pays some of the
N	ame	Age	related to me (ex: son)	monthly inc	ome	household expenses?
a.						Yes No
b.						Yes No
d.						Yes No
e.					4-1-1-1-1	Yes No
13. A v	verage monthly expenses	Estimate	d expenses Actual e	expenses	Propo	sed needs
a.	Home:	÷	h. Laundi	ry and cleani	ng	\$
	(1) Rent or mortg	age				
	If mortgage:		•		and vacation	
	(a) average principal: \$ (b) average interest: \$			_	, and vacatior transportation	
	(2) Real property taxes			ince, gas, rer	pairs, bus, etc.	.)\$
	(3) Homeowner's or renter's insura		m. Insurai	nce (life, acci	dent, etc.; do	not include
	(if not included above)		•		th insurance).	
	(4) Maintenance and repair		Ť		ments	
b.	Health-care costs not paid by insur-		n Month		tions	
C.	Child care				isted in item 1 4 and insert to	
d.	Groceries and household supplies.					\$
e.	Eating out		\$		S (a–q) (do no	at add in
f.	Utilities (gas, electric, water, trash).			ounts in a(1)		\$
g.	Telephone, cell phone, and e-mail		\$ s. Amou	nt of expens	es paid by o	thers \$
14. Ins	stallment payments and debts not	listed ab	ove			
Р	aid to	For		Amount	Balance	Date of last payment
				\$	\$	
	•			\$	\$	
				\$	\$	
	-			\$	\$	
				\$	\$	
				\$	\$	
L						
15. At	torney fees (This information is requ	uired if eith	ner party is requesting attorn	ey fees):		
a.	To date, I have paid my attorney the	is amount	for fees and costs (specify):	\$		
	The source of this money was (spe					
	I still owe the following fees and cos		attorney (specify total owed).	: \$		
	My attorney's hourly rate is (specify	<i>'):</i>				
confi	rm this fee arrangement.					
Date:			k			
		200	<u> </u>		(SIGNATURE C	E ATTORNEY)
	(TYPE OR PRINT NAME OF ATTORNE	:Y)			(SIGNATURE O	ALIONNEI)

		FL-150
PETITIONER:	CASE NUMBER:	
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
CHILD SUPPORT INFORMATI (NOTE: Fill out this page only if your case invo		
16. Number of children		
a. I have (specify number): children under the ag	ge of 18 with the other pare	ent in this case.
b. The children spend percent of their time with me and (If you're not sure about percentage or it has not been agreed on, please dec	percent of their time	e with the other parent.
17. Children's health-care expenses a. I do I do not have health insurance available to me for t b. Name of insurance company: c. Address of insurance company:	he children through my job).
d. The monthly cost for the children's health insurance is or would be (specify) (Do not include the amount your employer pays.)): \$	
18. Additional expense for the children in this case	Amazunt nar m	a méla
a. Childcare so I can work or get job training	Amount per mo	ontn
b. Children's health care not covered by insurance		
c. Travel expenses for visitation	\$	
d. Children's educational or other special needs (specify below):		
19. Special hardships. I ask the court to consider the following special financial circ (attach documentation of any item listed here, including court orders):a. Extraordinary health expenses not included in 18b	cumstances Amount per month	For how many months?
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	. \$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children	\$	
The expenses listed in a, b, and c create an extreme financial hardship because	(explain):	
20. Other information I want the court to know concerning support in my case	(specify):	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	,
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	(If applicable, provide):
	(ii applicable, provide).
OTHER PARENT/PARTY:	HEARING DATE:
PROOF OF SERVICE BY MAIL	HEARING TIME:
THOO OF GENTION BY MINUE	DEPT.:
NOTICE: To serve temporary restraining orders you must use personal service (see fo	rm FL-330).
,	
 I am at least 18 years of age, not a party to this action, and I am a resident of or employed place. 	ed in the county where the mailing took
·	
2. My residence or business address is:	
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 place shousiness practices. I am readily familiar with this business's practice for collection mailing. On the same day that correspondence is placed for collection and mailing business with the United States Postal Service in a sealed envelope with postage.	own in item 4 following our ordinary ng and processing correspondence for ng, it is deposited in the ordinary course of
4. The envelope was addressed and mailed as follows:a. Name of person served:b. Address:	
c. Date mailed: d. Place of mailing (city and state):	
I served a request to modify a child custody, visitation, or child support judgment or address verification declaration. (Declaration Regarding Address Verification—Post Custody, Visitation, or Child Support Order (form FL-334) may be used for this purp	judgment Request to Modify a Child
6. I declare under penalty of perjury under the laws of the State of California that the forego	oing is true and correct.
Date:	
(TYPE OR PRINT NAME) (SIGNAT	URE OF PERSON COMPLETING THIS FORM) Page 1 of 1

		t