

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 divorce 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.
- **Legal Separation** of Marriage and/or Domestic Partnership
This allows the Court to divide community property and make orders on custody or support, but does not terminate your marriage or domestic partnership.
- **Nullity** [Annulment] of a marriage and/or domestic partnership 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 this packet will need to be completed:

<input type="checkbox"/> Response to Petition	FL-120	<input type="checkbox"/> *Declaration of Disclosure	FL-140
<input type="checkbox"/> Declaration under UCCJEA	FL-105	<input type="checkbox"/> *Schedule of Assets and debts	FL-142
<input type="checkbox"/> Proof of by Mail	FL-335	<input type="checkbox"/> *Income & Expense Declaration	FL-150
2. You will need to make at least **2** additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for the other party. The original is for the court.
3. One copy of the forms must be served on the other party.
4. The server must complete and sign the “Proof of Service by Mail.”
5. File your Response paperwork and the proof of service.

NOTE: *These forms DO NOT need to be filed with the Court but must be SERVED on the other party.

SAMPLE FORMS

FL-120

**SAMPLE
ONLY
DO NOT
WRITE ON
THIS COPY!**

- PICK WHICH ONE APPLIES TO YOU**

- PICK WHICH ONE APPLIES TO YOU**

Respondent lives in (specify):

MONTHS
MARRIED

- MM/DD/YYYY

IF THERE ARE NO MINOR CHILDREN, CHECK BOX a.

- IF THERE ARE MINOR CHILDREN, CHECK BOX b. AND LIST THE CHILD(REN)'S INFORMATION FROM OLDEST TO YOUNGEST**

(1) ☐ continued on Attachment 4b. (2) ☐ a child who is not yet born.

- Page 1 of 3

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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Respondent requests that the court make the following orders: CHECK THE APPROPRIATE BOX LABELED a. THROUGH c.

5. **LEGAL GROUNDS** (Family Code sections 2200–2210; 2310–2315) THEN CHECK THE APPROPRIATE BOX LABELED (1) THROUGH (3)

a. ☐ Respondent contends that the parties never legally married. AND FINALLY CHECK THE APPROPRIATE BOX FOR (a) THROUGH (F)

b. ☐ Respondent denies the grounds set forth in item 5 of the

c. ☐ Respondent requests

- (1) ☐ Divorce ☐ Legal separation of the marriage or domestic partnership based on
- (a) ☐ irreconcilable differences. (b) ☐ permanent legal incapacity to make decisions.
- (2) ☐ Nullity of void marriage or domestic partnership based on
- (a) ☐ incest. (b) ☐ bigamy.
- (3) ☐ Nullity of voidable marriage or domestic partnership based on
- (a) ☐ respondent's age at time of registration of domestic partnership or marriage. (d) ☐ fraud.
- (b) ☐ prior existing marriage or domestic partnership. (e) ☐ force.
- (c) ☐ unsound mind. (f) ☐ physical incapacity.

CHECK A BOX FOR a., b., AND c., TO TELL THE COURT WHO YOU WANT TO HAVE LEGAL CUSTODY, AND PHYSICAL CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION

6. **CHILD CUSTODY AND VISITATION (PARENTING TIME)**

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 6c(1)

7. **CHILD SUPPORT**

- a. If there are minor children born to or adopted by the parties during the marriage or domestic partnership, the court will make orders for child support for the requesting party.
- b. An earnings assignment may be issued.
- c. Any party required to pay support must
- d. ☐ Other (specify):

CHECK BOX 8a., IF YOU ARE SEEKING A SPOUSAL SUPPORT ORDER

CHECK BOX 8b., IF YOU DO NOT 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

IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED

rate, which is currently 10 percent.

8. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**

- a. ☐ Spousal or domestic partner support payable to ☐ Petitioner ☐ Respondent
- b. ☐ Terminate (end) the court's ability to award support to ☐ Petitioner ☐ Respondent
- c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
- d. ☐ Other (specify):

CHECK THE BOX THAT APPLIES

9. **SEPARATE PROPERTY**

CHECK THE BOX THAT APPLIES

- a. ☐ There 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 (form FL-160) ☐ Attachment 9b.
- ☐ the following list. Item Confirm to

LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS FROM BEFORE THE MARRIAGE/DOMESTIC PARTNERSHIP OR AFTER THE DATE OF SEPARATION

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

ADD THE NAME OF THE PERSON YOU WANT TO GET EACH OF THE ITEMS LISTED

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	CASE NUMBER: COURT CASE NUMBER
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**CHECK THE BOX THAT APPLIES**

- a. ☒ There are no such assets or debts that I know of to be determined.
- b. ☒ Determine rights to community and quasi-community property in Property Declaration (form FL-160). ☐ in Attachment 10b.
- c. ☐ as follows (specify):

IF BOX b. IS CHECKED, ATTACH FL-160, ATTACHMENT 10b, OR LIST ITEMS BELOW

LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS YOU AND THE OTHER PARTY ACCRUED OR EARNED DURING 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 ☐ Respondent
- b. ☒ Respondent's former name be restored to (specify):
- c. ☐ Other (specify):

CHECK BOX 11b. AND WRITE YOUR FULL MAIDEN NAME HERE, IF YOU WOULD LIKE IT BACK

IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUESTING, CHECK THIS BOX AND WRITE IT HERE
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 the foregoing is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

Date:

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF RESPONDENT)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form FL-107-INFO) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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

FORM INSTRUCTIONS

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR TELEPHONE NUMBER EMAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER: ZIP CODE: <div style="border: 2px solid black; padding: 20px; text-align: center; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno STREET ADDRESS: 1130 "O" Street, MAILING ADDRESS: Fresno CA 93724-2220 CITY AND ZIP CODE: BRANCH NAME: Central Division		CASE NUMBER: <div style="border: 1px solid black; padding: 5px; font-weight: bold;">COURT CASE NUMBER</div>
(This section applies to cases other than probate guardianships.) PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARTY: CHILD'S NAME (Juvenile cases only):		
(This section applies only to probate guardianships.) GUARDIANSHIP OF (name): LEAVE BLANK <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">CHECK THE APPROPRIATE BOX</div> <div style="display: flex; justify-content: space-between;"> Minor </div>		
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)		

1. I am (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the proceeding to determine custody of a child.

2. There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** minor children who are subject to this proceeding, as follows (list oldest child first):

	Full Name	Date of birth	Place of birth (city and state)
a.	OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN
b.	NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN
c.	NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN
d.	NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN

☐ Check this box if you need to list additional children. (If you check this box, write "FL-105, Attachment 2, Additional Children" at the top, **CHECK THIS BOX IF APPLICABLE** MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address **CHECK THIS BOX IF APPLICABLE** and their residence history for the past five years. If the current address is confidential under the law, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD <input type="checkbox"/> Confidential (list state only)	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH <input type="checkbox"/> Confidential (list state only)	RELATIONSHIP OF PERSON TO CHILD
From: MM/DD/YYYY THAT CHILD STARTING LIVING AT EACH ADDRESS	To: MM/DD/YYYY THAT CHILD STOPPED LIVING AT EACH ADDRESS	THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES	NAME & CURRENT ADDRESS OF PERSON CHILD LIVED WITH FOR THE PAST FIVE YEARS GO IN THESE BOXES	RELATIONSHIP OF PERSON TO CHILD

☐ Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

- b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

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**IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS,
CHECK THIS BOX AND CREATE AN "ATTACHMENT 3a" AND LIST THE ADDITIONAL ADDRESSES**

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

CASE NAME: OTHER PARTY'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT CASE NUMBER
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
- ☒ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family		TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5				
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

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

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

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

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

a. Name and address of person:	b. Name and address of person:	c. Name and address of person:
TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child:	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child:	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child:

7. ☐ Number of pages attached: _____

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(NAME OF DECLARANT)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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.

FORM INSTRUCTIONS

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

CASE NAME: OTHER PARTY'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT CASE NUMBER
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**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.

3. b. ☐ Name of child: **NEXT OLDEST CHILD'S NAME** (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS		
From:	To:			
From:	To:			
From:	To:			

3. b. ☐ Name of child: **NEXT OLDEST CHILD'S NAME** (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS		
From:	To:			
From:	To:			
From:	To:			

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FORM INSTRUCTIONS

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

CASE NAME: OTHER PARTY'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT CASE NUMBER
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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.

3. b. Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<div style="border: 1px solid black; padding: 5px;">CURRENT ADDRESS FOR THE CHILD</div> <div style="font-size: small; margin-top: 5px;"><input type="checkbox"/> Confidential (list state only)</div>	<div style="border: 1px solid black; padding: 5px;">NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div> <div style="font-size: small; margin-top: 5px;"><input type="checkbox"/> Confidential (list state only)</div>	<div style="border: 1px solid black; padding: 5px;">RELATIONSHIP OF PERSON TO CHILD</div>
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px;">IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</div>		
From:	To:			
From:	To:			
From:	To:			

3. b. Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<div style="border: 1px solid black; padding: 5px;">CURRENT ADDRESS FOR THE CHILD</div> <div style="font-size: small; margin-top: 5px;"><input type="checkbox"/> Confidential (list state only)</div>	<div style="border: 1px solid black; padding: 5px;">NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH</div> <div style="font-size: small; margin-top: 5px;"><input type="checkbox"/> Confidential (list state only)</div>	<div style="border: 1px solid black; padding: 5px;">RELATIONSHIP OF PERSON TO CHILD</div>
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px;">IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</div>		
From:	To:			
From:	To:			
From:	To:			

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FORM INSTRUCTIONS

FL-140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (Name):		SAMPLE ONLY DO NOT WRITE ON THIS COPY!
NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 "O" Street, MAILING ADDRESS: Fresno CA 93724-2220 CITY AND ZIP CODE: BRANCH NAME: Central Division		
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARENT/PARTY:		
DECLARATION OF DISCLOSURE <div style="display: flex; align-items: center; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div style="border: 1px solid black; padding: 2px; font-size: 8pt;"> CHECK WHICH PARTY YOU ARE </div> <div style="text-align: center;"> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> <div style="border: 1px solid black; padding: 2px; font-size: 8pt;"> CHECK WHICH DISCLOSURE YOU ARE MAKING </div> </div>		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 12pt;"> COURT CASE NUMBER </div>

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)).

Attached are the following:

1. <input type="checkbox"/> Completed Schedule of Assets and Debts (form FL-142) or <input type="checkbox"/> Community and Quasi-Community Property 2. <input checked="" type="checkbox"/> Completed Income and Expense Declaration (form FL-150) 3. <input type="checkbox"/> All tax returns filed by the party in the two years before the date that the party served the disclosure documents. 4. <input type="checkbox"/> A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form). 5. <input type="checkbox"/> A statement of all material facts and information regarding obligations for which the community is liable (not a form). 6. <input type="checkbox"/> An accurate and complete written disclosure of any investment or income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).	<div style="border: 1px solid black; padding: 2px; font-size: 8pt; margin-bottom: 5px;"> IF YOU COMPLETED A SCHEDULE OF ASSETS AND DEBTS OR PROPERTY DECLARATION FOR COMMUNITY PROPERTY AND/OR SEPARATE PROPERTY, CHECK APPROPRIATE BOX AND SPECIFY THE BOX FOR WHICH TYPE OF PROPERTY </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> A Property Declaration (form FL-160) for (specify): <input type="checkbox"/> Separate Property. </div> <div style="width: 45%; text-align: center;"> AND/OR </div> </div> <div style="border: 1px solid black; padding: 2px; font-size: 8pt; margin-bottom: 5px;"> 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 </div> <div style="border: 1px solid black; padding: 2px; font-size: 8pt; margin-bottom: 5px;"> 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 </div> <div style="border: 1px solid black; padding: 2px; font-size: 8pt; margin-bottom: 5px;"> IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS"; IF THERE ARE DEBTS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE </div> <div style="border: 1px solid black; padding: 2px; font-size: 8pt;"> IF THERE ARE NO INVESTMENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS BOX AND WRITE "NO BUSINESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY, DESCRIBE IT HERE OR IN AN ATTACHMENT </div>
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I declare under penalty of perjury under the laws 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

Page 1 of 1

FORM INSTRUCTIONS

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (name and address):

TELEPHONE NO.:

YOUR NAME
YOUR ADDRESS
CITY, STATE, ZIP CODE

SAMPLE ONLY
DO NOT WRITE ON
THIS COPY!

ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **FRESNO**

PETITIONER: **PARTY WHO INITIALLY OPENED CASE**

RESPONDENT: **THE OTHER PARTY**

SCHEDULE OF ASSETS AND DEBTS

☐ Petitioner's ☐ Respondent's

CHECK WHICH
PARTY YOU
ARE

CASE NUMBER:

COURT 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.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) <div>LIST EACH ADDRESS</div>	↓		\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.) <div>DESCRIBE THE SPECIFIC PIECES/ ITEMS</div>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)				

LIST THE ASSETS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING RECEIVED FROM ANY INHERITANCE OR GIFT (AT ANY TIME); AND ANYTHING DURING THE MARRIAGE

NOTE: IF THERE IS NONE, PUT "N/A, OR NONE," UNDER THAT CATEGORY

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

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CONTINUE LISTING THE ITEMS AND APPROPRIATE MONETARY AMOUNTS </div>					
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT # </div>					
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> TOTAL THE AMOUNTS IN THESE COLUMNS IN 18. </div>	
18. TOTAL ASSETS				\$ ↓	\$ ↓

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE ACQUIRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify.):</i>			
		TOTAL THE DEBT AMOUNTS IN THIS COLUMN		
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	

LIST THE DEBTS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING DURING THE MARRIAGE

NOTE: IF THERE IS NONE, PUT "N/A, OR NONE," UNDER THAT CATEGORY

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 foregoing is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)



SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

FORM INSTRUCTIONS

FL-150

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM: YOUR ADDRESS STREET: CITY, STATE, ZIP CODE CITY: YOUR TELEPHONE NUMBER TELEPHONE: STATE: ZIP CODE: E-MAIL ADDRESS: NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS ATTORNEY FOR (name):		STATE BAR NUMBER: FOR COURT USE ONLY <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold; margin: 10px auto; width: 80%;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno STREET ADDRESS: 1130 "O" Street MAILING ADDRESS: Fresno CA 93724-2220 CITY AND ZIP CODE: Central Division BRANCH NAME:		PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> COURT CASE NUMBER </div>	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

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 number:
 d. Occupation:
 e. Date job started:
 f. If unemployed, date job ended:
 g. I work about _____ hours per week.
 h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED

(NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

a. My age is (specify): **YOUR AGE**

b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): **GRADE FINISHED**

c. Number of years of college completed (specify): ☐ Degree(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): **LICENSES EARNED**
☐ vocational training (specify): **JOB TRAINING COMPLETED**

TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED

3. Tax information

a. ☐ I last filed taxes for tax year (specify year):

b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):

c. I file state tax returns in ☐ California ☐ other (specify state):

d. I claim the following number of exemptions (including myself) on my taxes (specify):

FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$

This estimate is based on (explain): **HOW MUCH DO YOU THINK THE OTHER PARTY EARNS BEFORE TAXES? HOW DID YOU COME UP WITH THAT AMOUNT? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	NUMBER:
RESPONDENT: YOUR NAME	COURT CASE NUMBER:
OTHER PARTY/PARENT/CLAIMANT: 	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA

	Last month	Average monthly		
a. Salary or wages (gross, before taxes).....	\$		IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE THAT APPLIES	IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE THAT APPLIES
b. Overtime (gross, before taxes).....	\$			
c. Commissions or bonuses.....	\$			
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$			
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$			
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$			
g. Pension/retirement fund payments.....	\$			
h. Social Security retirement (not SSI).....	\$			
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$			
j. Unemployment compensation.....	\$			
k. Workers' compensation.....	\$			
l. Other (military allowances, royalty payments) (specify):	\$			

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA
b. Rental property income.....	\$	
c. Trust income.....	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**..... \$

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION AND ATTACH A TWO YEAR PROFIT & LOSS STATEMENT/SCHEDULE C FROM YOUR LAST FEDERAL TAX RETURN

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, (LOTTERY OR INHERITANCE) AND WRITE WHERE YOU RECEIVED THE MONEY AND THE AMOUNT

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

IF YOU HAD A MAJOR CHANGE IN INCOME IN THE PAST 12 MONTHS, STATE WHAT THE CHANGE WAS

10. **Deductions**

a. Required union dues.....	\$	FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$	
d. Child support that I pay for children from other relationships.....	\$	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$	
f. Partner support that I pay by court order from a different domestic partnership.....	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	

LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL PROPERTY

11. **Assets**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	Total
b. Stocks, bonds, and other assets I could easily sell.....	\$	
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$	

* 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.

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	NUMBER:
RESPONDENT: YOUR NAME	COURT CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ANYONE WHO LIVES WITH YOU (INCLUDING CHILD(REN), ROOMATES, FAMILY, ETC.), THEIR AGE, THEIR RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs **← CHECK ONE**

a. Home:

(1) ☐ Rent or ☐ mortgage..... \$

 If mortgage:

 (a) average principal: \$

 (b) average interest: \$

(2) Real property taxes..... \$

(3) Homeowner's or renter's insurance (if not included above)..... \$

(4) Maintenance and repair..... \$

b. Health-care costs not paid by insurance..... \$

c. Child care..... \$

d. Groceries and household supplies..... \$

e. Eating out..... \$

f. Utilities (gas, electric, water, trash)..... \$

g. Telephone, cell phone, and e-mail..... \$

h. LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

i. \$

j. \$

k. \$

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$

n. Savings and investments..... \$

o. Charitable contributions..... \$

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$

q. Other (specify): \$

r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$

s. **Amount of expenses paid by others** \$

ADD UP ALL THE EXPENSES YOU LISTED FOR A TOTAL TO PUT HERE

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

LIST HERE ANY PAYMENTS YOU ARE MAKING FOR VEHICLE LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC. AND THE NAME OF THE COMPANY YOU ARE PAYING. LIST HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT. ADD UP ALL OF THE MONTHLY PAYMENT AMOUNTS AND PUT THE TOTAL IN ITEM 13. p.

15. Attorney fees (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date: _____

DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15

ONLY COMPLETE SECTION 15. IF YOU HAD AN ATTORNEY AND WANT THE OTHER PARTY TO PAY FOR YOUR ATTORNEY

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	NUMBER:	
RESPONDENT: YOUR NAME		
OTHER PARTY/PARENT/CLAIMANT:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COURT CASE NUMBER</div>

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE

EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN

IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

- 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

- | | | |
|------------------------------------------------------------------------|----|--|
| a. Childcare so I can work or get job training..... | \$ | |
| b. Children's health care not covered by insurance..... | \$ | |
| c. Travel expenses for visitation..... | \$ | |
| d. Children's educational or other special needs (specify below):..... | \$ | |

Amount per month

WRITE IN ANY OTHER EXPENSES IF IT APPLIES

19. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

- a. Extraordinary health expenses not included in 18b.....
- 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):

FILL IN ITEMS a. - c. AND DESCRIBE THE HARDSHIP BELOW

Amount per month	For how many months?
------------------	----------------------

\$ _____	_____
\$ _____	_____
\$ _____	_____

- (3) Child support I receive for those children..... \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP

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): <div style="border: 1px solid black; padding: 5px; width: 80%;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER </div> FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____		FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 "O" Street, MAILING ADDRESS: Fresno CA 93724-2220 CITY AND ZIP CODE: Central Division BRANCH NAME:		
PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY:		
PROOF OF SERVICE BY MAIL		
CASE NUMBER: <div style="border: 1px solid black; padding: 2px; width: 80%;"> COURT CASE NUMBER </div> (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:		

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:

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**

- 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: **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**

5. ☐ I served **DO NOT CHECK ITEM 5. UNLESS YOU ARE INCLUDING FL-334** address **UNLESS YOU ARE INCLUDING FL-334** custody, visitation, or child support judgment or permanent order which included an **Application Regarding Address Verification—Postjudgment Request to Modify a Child** (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

(TYPE OR PRINT NAME)

SERVER SIGNS HERE

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

BLANK FORMS

(To be Completed)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER:

1. LEGAL RELATIONSHIP (check all that apply):

- a. ☐ We are married.
- b. ☐ We are domestic partners and our domestic partnership was established in California.
- c. ☐ We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

- a. ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. STATISTICAL FACTS

- a. ☐ (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. MINOR CHILDREN

- a. ☐ There are no minor children.
- b. ☐ The minor children are:

Child's name
Birthdate
Age

- (1) ☐ continued on Attachment 4b. (2) ☐ a child who is not yet born.
- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. ☐ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

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 domestic partnership.
- 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 partnership based on
 - (a) ☐ irreconcilable differences. (b) ☐ permanent legal incapacity to make decisions.
 - (2) ☐ Nullity of void marriage or domestic partnership based on
 - (a) ☐ incest. (b) ☐ bigamy.
 - (3) ☐ Nullity of voidable marriage or domestic partnership based on
 - (a) ☐ respondent's age at time of registration of domestic partnership or marriage. (d) ☐ fraud.
 - (b) ☐ prior existing marriage or domestic partnership. (e) ☐ force.
 - (c) ☐ unsound mind. (f) ☐ physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

Petitioner Respondent Joint Other

- a. Legal custody of children to ☐ ☐ ☐ ☐
 - b. Physical custody of children to ☐ ☐ ☐ ☐
 - c. Child visitation (parenting time) be granted to ☐ ☐ ☐ ☐
- As requested in ☐ form FL-311 ☐ form FL-312 ☐ form FL-341(C)
 ☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting 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 "legal" rate, which is currently 10 percent.
- d. ☐ Other (*specify*):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. ☐ Spousal or domestic partner support payable to ☐ Petitioner ☐ Respondent
- b. ☐ Terminate (end) the court's ability to award support to ☐ Petitioner ☐ Respondent
- c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
- d. ☐ Other (*specify*):

9. SEPARATE PROPERTY

- a. ☐ There 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 (form FL-160). ☐ Attachment 9b.
 ☐ the following list. Item Confirm to

PETITIONER: RESPONDENT:	CASE NUMBER:
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. ☐ There are no such assets or debts that I know of to be divided by the court.
- b. ☐ Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
☐ in *Property Declaration* (form FL-160). ☐ in Attachment 10b.
☐ as follows (*specify*):

11. OTHER REQUESTS

- a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent
- b. ☐ Respondent's former name be restored to (*specify*):
- c. ☐ Other (*specify*):

☐ Continued on Attachment 11c.

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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Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY FOR RESPONDENT)
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FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name):	CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am (check one): ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): _____ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

☐ Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

- b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

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

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

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

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

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

<p>a. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> </div> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p>b. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> </div> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p>c. Name and address of person:</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> <div style="width: 30%;"> <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights </div> </div> <p>Name of each child:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. ☐ Number of pages attached: _____

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

Date: _____

(NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

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

CASE NAME:	CASE NUMBER:
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**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.

3. b. Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

Page of

CASE NAME:	CASE NUMBER:
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**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.

3. b. _____ Name of child: _____ (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. _____ Name of child: _____ (Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If **not** the same, provide the information below.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present			
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

Page ____ of ____

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 <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final		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)).

Attached are the following:

- ☐ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for (specify):
☐ Community and Quasi-Community Property ☐ Separate Property.
- ☐ A completed *Income and Expense Declaration* (form FL-150).
- ☐ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
- ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
- ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
- ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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**FL-142**

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(name and address)</i> :	TELEPHONE NO.:
ATTORNEY FOR <i>(name)</i> :	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER: RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> 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.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

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

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
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 <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify.):</i>			
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 foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

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 number:
 d. Occupation:
 e. Date job started:
 f. If unemployed, date job ended:
 g. I work about _____ hours per week.
 h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify):	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify):	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

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 Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

* 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.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal: \$ _____ (b) average interest: \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ n. Savings and investments..... \$ _____ o. Charitable contributions..... \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____ q. Other (specify): \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> s. Amount of expenses paid by others \$ _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
------------------------------------------------------------	--------------

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- 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

- | | Amount per month |
|-------------------------------------------------------------------------------|------------------|
| a. Childcare so I can work or get job training..... | \$ _____ |
| b. Children's health care not covered by insurance..... | \$ _____ |
| c. Travel expenses for visitation..... | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> | \$ _____ |

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|----------------------------------------------------------------------------------------------------|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b..... | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

(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): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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/PARTY:	CASE NUMBER: (If applicable, provide):
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

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

- 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.
- My residence or business address is:
- I served a copy of the following documents (*specify*) :

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - ☐ **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.
- The envelope was addressed and mailed as follows:
 - Name of person served:
 - Address:
 - Date mailed:
 - Place of mailing (*city and state*):
 - ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
 - 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)

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