FL-6

Derechos Familiares

AVISO DE PEDIMENTO

5 PASOS:

PASO 1. CUANDO RECOJA ESTE ARCHIVO "NOTICE OF MOTION", HAGA UNA CITA PARA REGRESAR.

PASO 2. LLENAR LOS FORMULARIOS

PASO 3. PRESENTE LOS FORMULARIOS Y EL PAGO PARA QUE SE PROCESEN .

PASO 4. NOTIFICACION-ENTREGA DE LOS DOCUMENTOS.

PASO 5. COMPARENCIA EN EL TRIBUNAL.

FL-6

Derechos Familiares

AVISO DE PEDIMENTO (CONTINUACION)

PASO 1. CUANDO RECOJA ESTE ARCHIVO "NOTICE OF MOTION", HAGA UNA CITA PARA REGRESAR.

- ☐ **Recoja su archivo de formas**."Motion Forms Packet"
- ☐ **Haga una cita, para que alguien le revise sus documentos.**
- ☐ Continue al paso # 2, *llene los formularios*.

Derechos Familiares

AVISO DE PEDIMENTO (CONTINUACION)

PASO 2. LLENAR LOS FORMULARIOS.

FORMULARIOS REQUERIDOS

☐ Form FL-301, "Notice of Motion", **Aviso de Pedimento** (2 paginas)

☐ Form FL-310, "Application for Order and Supporting Declaration" **Solicitud de Orden y documentacion adicional** (2 paginas), y Form MC-031, Attached Declaration (*Declaracion Conjunta)* si necesita lugar adicional

☐ Form FL-155, "Financial Statement Simplified" **Declaración Financial (Simplificada)** (2 paginas)
Usted puede utilizar solamente esta forma si usted si reune los requicitos-normas están en la segunda página de la forma, si no use:

☐ Form FL-150, "Income and Expense Declaration", **Declaración de Ingresos y Gastos** (4 paginas)
(Se requieren estas formas si usted o la otra parte está solicitando ayuda marital, costos de un abogado o autoempleo. Usted también necesitará proveer tres talones recientes de el W2 del año pasado si estan disponible.

☐ Form FL-105, **Declaración Bajo El Descreto Uniforme Para Jurisdicción y Ejecución de Patria Potestad (UCCJEA)** (2 páginas) Si hay menores en este caso llene;

"Mediation Referral Form" Formulario para Remitir a Intervencion Familiar (véase unido)

(Si niños menores (esos de edad inferior de 18) están implicados)

☐ Form FL-155, "Financial Statement Simplified", **Declaración Financial (Simplificada)** (2 páginas)
Deje en blanco; esto está para que el otro partido responda a su petición.

☐ Form FL-320, "Responsive Declaracion", Declaración Responsivo A La Orden De Demostración o al Aviso de Pendimento (2 páginas) Deje en blanco; esto es para que el otro partido responda a su petición.

☐ Form FL-330, "Proof of Personal Service", **Prueba Del Servicio Personal** (2 páginas)

o… Form FL-335, "Proof of Service by mail" **Prueba Del Servicio Por Correo** (2 páginas)

Llene el formulario a maquina o a mano con tinta negra, cuidadosamente y claramente.

AVISO DE PEDIMENTO (CONTINUACION)

Paso 3. PRESENTE LOS FORMULARIOS Y PAGOS PARA QUE SEAN PROCESADOS.

REPASE Y SOMETA LAS FORMAS Y HONORARIOS A EL OFICIAL

.

- ☐ **Entregue formularios con los cobros de procesar a lo menos que reuna los requisitos para una renuncia de gastos(vea el formulario "Fee Waiver" Renuncia de Gastos)**
- ☐ **El actuario le designara una fecha judicial**
- ☐ **El actuario procesara sus formularios, se quedara con la forma adicional y le entregara a lo menos dos copias para sus archivos**

HAGA ESTO CON LAS COPIAS:

- ☐ **Mantenga una** copia para sus expedientes
- ☐ **Entrega las otras copias del aviso de pedimento** a la parte contraria de su caso. (véase el paso 4 en la página siguiente.)

PASO 4. NOTIFICACION-ENTREGA DE LOS DOCUMENTOS

NOTIFICACION-ENTREGA DE LOS DOCUMENTOS DEVEN SER ENTREGADA A TODA PERSONAS INVOLUCRADAS

Usted debe dar el aviso del pedimento y una copia de todo del formulario del aviso de notificacion**a todos los partidos en el caso**, incluyendo al Fiscal, Ayuda Familiar, si estos fueron parte de su caso.

- ☐ *Entrega via un Tercero:* "Personal Service" Si los documentos de la peticion si es entregada en persona a los otros partidos, deben ser notificado por lo menos 21 días antes de la audiencia en la peticion ó,

AVISO DE PEDIMENTO (CONTINUACION)

☐ *Entrega via Correo:* Si los documentos de la peticion se envía a los otros partes, debe ser enviado:

- por lo menos **23 días** antes de la audiencia de la peticion si por **Fax, o entrega urgente via correo o reparto urgente de noche a la manana.**
- por lo menos **26 días** antes de la audiencia del la peticion si fue **enviado en California**
- por lo menos **31 días** antes de la audiencia de la peticion si es **enviada al fuera de California pero en el los E.E.U.U.**
- por lo menos **41 días** antes de la audiencia de la peticion si **se mando al exterior.**

Aviso via tercero o el servicio via correo se puede hacer solamente por alguien que nosea usted, que es mayor de 18 anos, y no tiene parte en este caso.

HAGA QUE EL NOTIFICADOR LLENE "PROOF OF SERVICE" (PRUEBA DE ENTREGA DE LOS DOCUMENTOS):

La persona que entrega los documentos debe completar y firmar las formas "Proof of Service," enumerando cada documento que fue servido (incluyendo formas en blanco) a cada partido en el caso:

☐ Forma FL-330, "Proof of Personal Service" **Prueba De Entrega via un Tercero** (2 páginas) ó,

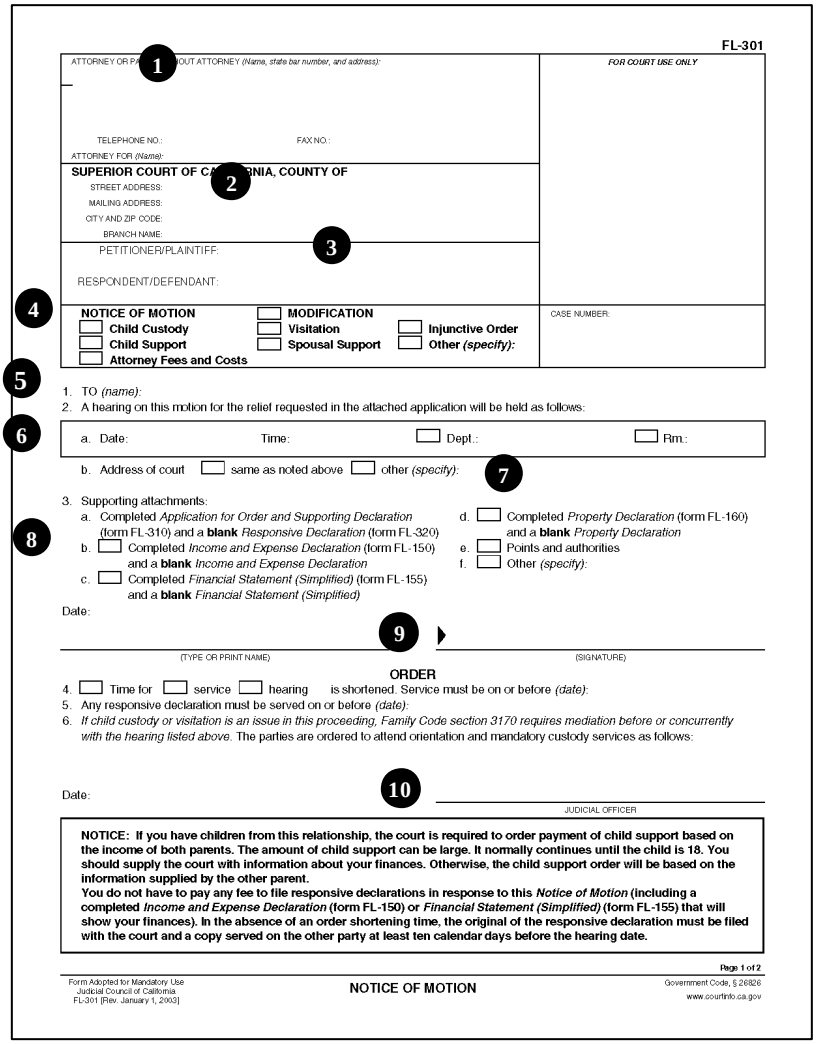
☐ Forma FL-335, "Proof of Service by mail" **Prueba De Entrega via Correo** (2 páginas)

PROCESAR LA PRUEBA DE NOTIFICACION

☐ En cuanto que los documentos de la peticion se hayan entregado a las partes contrarias en este caso**, traiga la forma "Proof of Service"/Prueba de Notificacion completada al Centro de Recursos Legales o a la oficina de Derechos Familiares** (cuarto piso del tribunal) para archivar.

PASO 5. COMARECENCIA JUDICIAL

Las audiencias de los Derechos Familiar se llevan a cabo en dos lugares. La Oficina Judicial le proporcionará esta información.



FL-301

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): 1

FOR COURT USE ONLY

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF 2

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF: 3

RESPONDENT/DEFENDANT:

4 NOTICE OF MOTION ☐ Child Custody ☐ Child Support ☐ Attorney Fees and Costs ☐ MODIFICATION ☐ Visitation ☐ Spousal Support ☐ Injunctive Order ☐ Other (specify):

CASE NUMBER:

5 1. TO (name):

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

6 a. Date: Time: ☐ Dept.: ☐ Rm.:

b. Address of court ☐ same as noted above ☐ other (specify): 7

3. Supporting attachments:

8 a. Completed Application for Order and Supporting Declaration (form FL-310) and a **blank** Responsive Declaration (form FL-320)

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

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

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

e. ☐ Points and authorities

f. ☐ Other (specify):

Date:

9 (TYPE OR PRINT NAME) (SIGNATURE)

ORDER

4. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):

5. Any responsive declaration must be served on or before (date):

6. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above. The parties are ordered to attend orientation and mandatory custody services as follows:

Date: 10 JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.
You do not have to pay any fee to file responsive declarations in response to this *Notice of Motion* (including a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.

Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California FL-301 [Rev. January 1, 2003]

NOTICE OF MOTION

Government Code, § 26826 www.courtinfo.ca.gov

Como llenar un

AVISO DE PEDIMENTO (FL-301)

INSTRUCCIONES:

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

❶ Escriba su nobre y domicilio aquí.

❷ Escriba “Fresno” después de COUNTY OF. La dirección es: 1100 Van Ness Ave., Fresno CA 93724-0002. Junto a Branch Name escriba: Central Branch.

❸ Escriba los nombres completos del Petitioner (demandante) y el Respondent (demandado). Usted es el Petitioner si fue quien presentó la cause. Usted es el Respondent si fue otra persona la que presentó la causa en su contra.

❹ Marque todos los cuadros pertinentes, o marque“Other” y dígale al juez lo que usted está solicitando. Si es para hacer un cambio a una orden judicial vigente, marque MODIFICATION además de otros cuadros ya marcados.

❺ Escriba el nombre de quien usted está demandando.

❻ DEJE EN BLANCO. Llévelo a la Oficina de Asistencia Legal (Facilitator’s Office) o al 4th piso del juzgado principal para obtener una cíta ante el tribunal.

❼ Marque el cuadro si la audiencia se efectuará en la dirección anotada en el❷ en la parte superior de este formulario. Si la audiencia se efectuará en otro sitio, marque ese cuadro y escriba dicha dirección.

❽ Marque todos los cuadros pertinentes y adjunte los formularios completos.

❾ Escriba a mano o a máquina a la izquierda, y firme su nombre a la derecha. Además escriba la fecha de firma.

❿ Deje en blanco la sección bajo ORDEN. El juez firmará y fechará esta parte.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

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

   b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:
      (1) Papers served:
         (a) *Notice of Motion* and a completed *Application for Order and Supporting Declaration* (form FL-310) **and** a blank *Responsive Declaration* (form FL-320)
         (b) ☐ Completed *Income and Expense Declaration* (form FL-150) **and** a blank *Income and Expense Declaration*
         (c) ☐ Completed *Financial Statement (Simplified)* (form FL-155) **and** a blank *Financial Statement (Simplified)*
         (d) ☐ Completed *Property Declaration* (form FL-160) **and** a blank *Property Declaration*
         (e) ☐ Points and authorities
         (f) Other *(specify)*:

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

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

Date:

11

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

FL-301 [Rev. January 1, 2003] NOTICE OF MOTION Page 2 of 2

Como llenar un

AVISO DE PEDIMENTO (FL-301)

- segunda pagina -

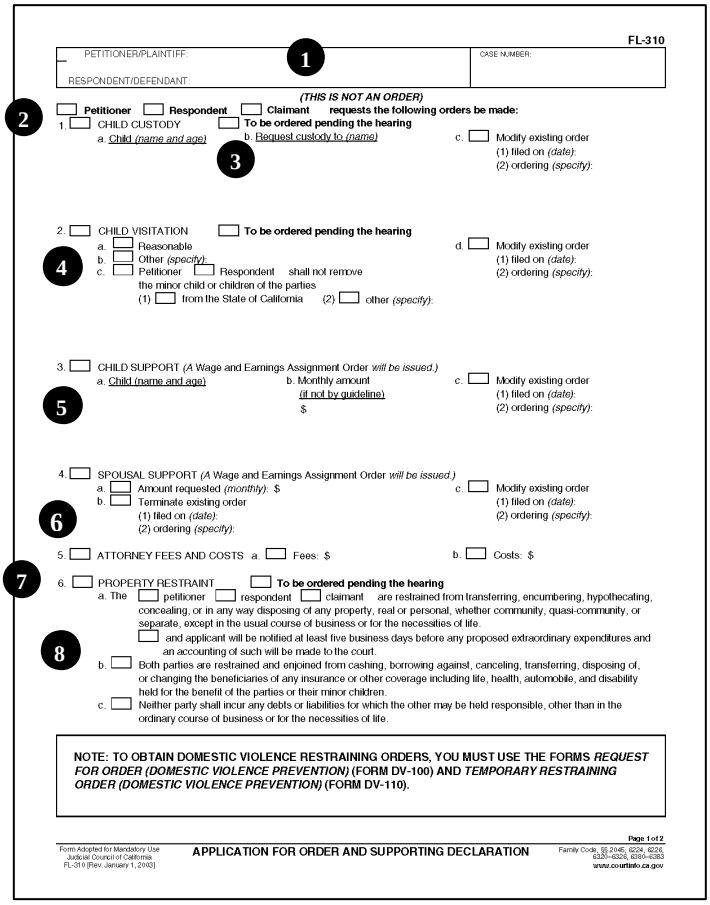
INSTRUCCIONES

- Encuentre el número en el formulario de muestra . *Example:*
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o en letra de molde, con tinta negra.
- Si conoce el No. del caso (CASE NUMBER) escríbalo o dejelo en blanco.

¡DEJE ESTA PÁGINA EN BLANCO!

Se usará el siguiente formulario en su lugar:

1285.85, Proof of Service by Mail (Family Law)
(Comprobante de Entrega por Correo - Derecho Familiar)



FL-310

PETITIONER/PLAINTIFF: ❶ | CASE NUMBER:

RESPONDENT/DEFENDANT:

(THIS IS NOT AN ORDER)

❷ ☐ **Petitioner** ☐ **Respondent** ☐ **Claimant** **requests the following orders be made:**

1. ☐ CHILD CUSTODY ☐ **To be ordered pending the hearing**
   a. Child *(name and age)* b. Request custody to *(name)* c. ☐ Modify existing order (1) filed on *(date)*: (2) ordering *(specify)*:

❸

2. ☐ CHILD VISITATION ☐ **To be ordered pending the hearing**
   a. ☐ Reasonable d. ☐ Modify existing order (1) filed on *(date)*: (2) ordering *(specify)*:
   b. ☐ Other *(specify)*:
   c. ☐ Petitioner ☐ Respondent shall not remove the minor child or children of the parties (1) ☐ from the State of California (2) ☐ other *(specify)*:

❹

3. ☐ CHILD SUPPORT *(A Wage and Earnings Assignment Order will be issued.)*
   a. Child (name and age) b. Monthly amount (if not by guideline) $ c. ☐ Modify existing order (1) filed on *(date)*: (2) ordering *(specify)*:

❺

4. ☐ SPOUSAL SUPPORT *(A Wage and Earnings Assignment Order will be issued.)*
   a. ☐ Amount requested *(monthly)*: $ c. ☐ Modify existing order (1) filed on *(date)*: (2) ordering *(specify)*:
   b. ☐ Terminate existing order (1) filed on *(date)*: (2) ordering *(specify)*:

❻

5. ☐ ATTORNEY FEES AND COSTS a. ☐ Fees: $ b. ☐ Costs: $

❼

6. ☐ PROPERTY RESTRAINT ☐ **To be ordered pending the hearing**
   a. The ☐ petitioner ☐ respondent ☐ claimant are restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
   ☐ and applicant will be notified at least five business days before any proposed extraordinary expenditures and an accounting of such will be made to the court.
   b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor children.
   c. ☐ Neither party shall incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

❽

NOTE: TO OBTAIN DOMESTIC VIOLENCE RESTRAINING ORDERS, YOU MUST USE THE FORMS *REQUEST FOR ORDER (DOMESTIC VIOLENCE PREVENTION)* (FORM DV-100) AND *TEMPORARY RESTRAINING ORDER (DOMESTIC VIOLENCE PREVENTION)* (FORM DV-110).

Page 1 of 2

Form Adopted for Mandatory Use Judicial Council of California FL-310 [Rev. January 1, 2003] | **APPLICATION FOR ORDER AND SUPPORTING DECLARATION** | Family Code, §§ 2045, 6224, 6234, 6320–6326, 6384–6389 www.courtinfo.ca.gov

Como llenar una

SOLICITUD PARA UNA ORDEN Y DECLARACIÓN APOYANDO LA ORDEN (FL-310)

INSTRUCCIONES:

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

❶ Escriba a mano o a máquina los nombres de demandado/"Peticioner" y demandante/"Respomdent. Usted es el "Petitioner" si fue quien inició ;a causa. Es el "Respondent" si otro entabló la demanda en su contra.

❷ Marque el cuadro que indique quien está pidiendo las ordenes judiciales.

❸ Marque los cuadros si la Tutela (con quien vive el niño) debe decidirse. Si quiere que la tutela se decida de inmediato marque "to be ordered pending the hearing." Bajo **a**., escriba el nombre y edad de cada niño. Bajo **b**., escriba el nombre de la persona que ha de tener la tutela. Marque el cuadro **c**., si quiere cambiar una orden vigente de tutela. Escriba la fecha de tal orden (1) y el nombre de quien recibió la tutela en ese entonces (2).

❹ Marque los cuadros si los derechos sobre visitas deben decidirse. . Si quiere que las visitad se decidan de inmediato marque "to be ordered pending the hearing." Marque "reasonable" si desea que el juez prepare un programa de visitas. Si marca "other" escriba exactamente lo que quiere que decida el juez. Marque los cuadros **2.c**. si solamente esta solicitando odenas anti-secuestros. Marque los cuadros **2.d**. si ya sea a usted o el demandado no se les permitirá sacar a los niños de California u otro lugar, como el Condado de Fresno o los Estados Unidos.

❺ Marque este cuadro si desea manutención. Enumere el nombre y edad de cada niño y la cantidad de manutención deseada para cada niño. Marque el cuadro **3.c**. si desea cambiar la orden vigente de manutención. Anote la fecha de tal orden y dé información sobre la cantidad de pago mensual actual.

❻ Marque este cuadro si está pidiendo pensión alimentícia (para esposo o esposa). Marque el cuadro a. y anote la cantidad mensual que desea. Marque el cuadro **b**. si desea que el juez haga cesar una orden existente. Anote la fecha de la orden vigente y la información sobre la cantidad de pago mensual. Marque el cuadro **c.** si usted está pidiendo que que el juez cambie una orden existente. Anote la fecha de la orden y dé la información pertinente.

❼ Si desea que el juez ordene que la parte contraria pague los honrarios o gastos del abogado, marque uno o ambos cuadros y escriba las cantidades que está solicitando.

❽ Esta sección impide la venta, el esconder y el regalar bienes. Los bienes pueden ser terreno, casas, pertenencias, dinero, pólizas de seguro, etc. También impide que una persona pague las deudas de la otra persona (dinero adeudado) después de la orden judicial. Marque todos los cuadros que procedan. Si quiere que esto se decida de inmediato, marque "to be ordered pending the hearing."

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT: 9

CASE NUMBER:

7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**

a. ☐ Petitioner ☐ Respondent are given the exclusive temporary use, possession, and control of the following property we own or are buying *(specify)*:

10

b. ☐ Petitioner ☐ Respondent are ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt Amount of payment Pay to

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

9. ☐ OTHER RELIEF *(specify)*:

12

10. ☐ FACTS IN SUPPORT of relief requested and change of circumstances for any modification are *(specify)*:

☐ contained in the attached declaration.

13

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

14

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

FL-310 [Rev. January 1, 2003] **APPLICATION FOR ORDER AND SUPPORTING DECLARATION** Page 2 of 2

Como llenar una

SOLICITUD PARA UNA ORDEN Y UNA DECLARACIÓN APOYANDO LA ORDEN (FL-310)

- segunda pagina -

INSTUCCIONES

- Encuentre el número en el formulario de nuestra.. *Ejemplo:* 11
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o en letra de molde, con tinta negra.
- Si conoce el No. del caso (CASE NUMBER) escríbalo o dejelo en blanco.

9 Escriba con letra de molde o a máquina los nombres del “Petitioner”(demandante) y el “Respondent” (damandado)

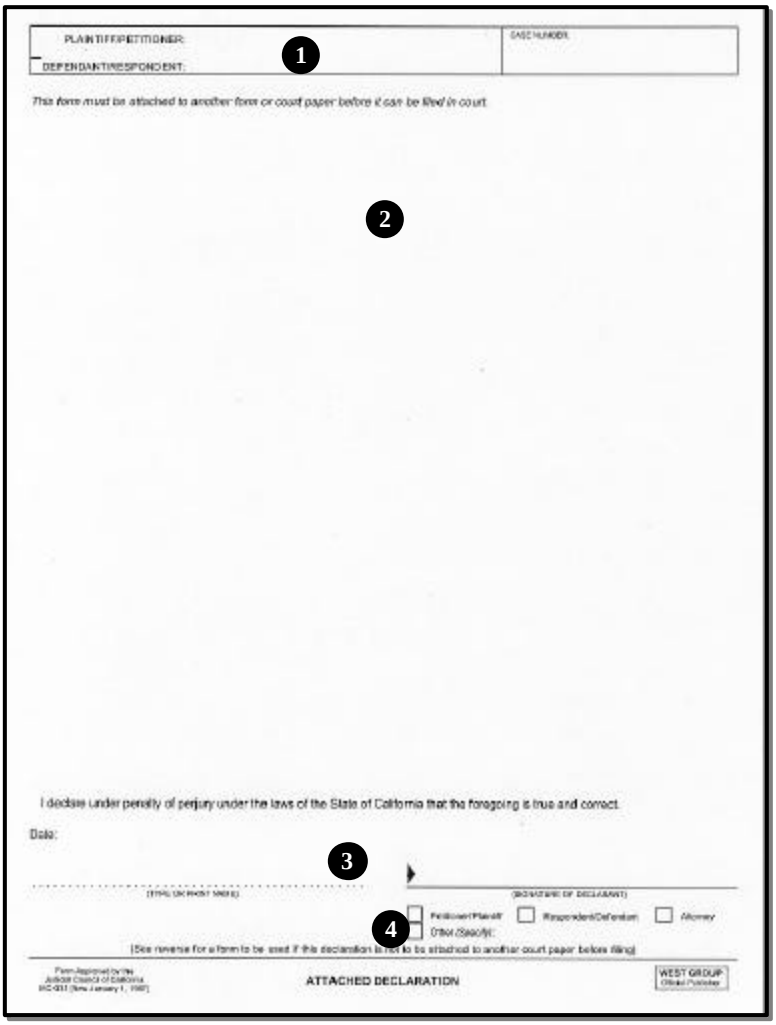
10 Marque el cuadro después del #7. si usted desea que el Juez decida quien hará uso de ciertos bienes. Si quiere que esto se decida de imediato, marque “to be ordered pending the hearing”. Para el 7.a, marque el cuadro que le corresponde a usted, ya sea el “petitioner”/demandante o “respondent”/demandado. Describa los bienes en el espacio provisto. Para **7.b**, marque los cuadros si ya sea el “petitioner” demandante o el “respondent” demandado deben hacer pagos sobre dinero adeudado durante la orden judicial. Anotelos en el espacio provisto.

11 Marque el cuadro después del # 8., si usted quiere que el Juez ordene que la parte contraria entregue los documentos en un plazo más corto (21 días por entrega de aviso o 26 días via correo. Ponga el numero de días en donde esta el circulo. Explique él porque necesita un plazo más corto en él (#9.) abajo.

12 Marque este cuadro si marcó “Other” en el Aviso de Pedimento o si esta pidiendo que el Juez le permita entregar los documentos en un plazo más corto que el plazo regular. (Vea el # 8. arriba). Escriba lo que esta pidiendo y sus razones en el espacio provisto.

13 Marque el cuadro 10., y expliquele al Juez lo que esta solicitando. y sus razones. Use el espacio para anotar los hechos o razones. Necesita anotar las fechas y la hora que ocurrio, comensando con la ultima occasion. Si necesita más espacio marque el cuadro junto a “contained in the attached declaration” y adjunte una página adicional explicando sus razones.

14 Ponga la fecha y su nombre en letra de molde a la izquierda. Su firma a la derecha indica que todo lo escrito es



PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

CASE NUMBER

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Petitioner/Plaintiff Respondent/Defendant Attorney

Other (Specify):

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

ATTACHED DECLARATION

WEST GROUP

Como llenar

DECLARACION ADJUNTA (MC-031)

INSTRUCCIONES

- Encuentre el numero en el formulario de muestra. *Ejemplo:* ❶
- Encuentre el numero correspondiente abajo y siga las instrucciones.
- Escriba a maquina o en letra de molde, con tinta negra.
- Si conoce el numero de la causa(CASE NUMBER) escribalo, si no dejelo en blanco.

Este formulario siempre se incluye con otro formulario o documento legal. Nunca se registra solo.

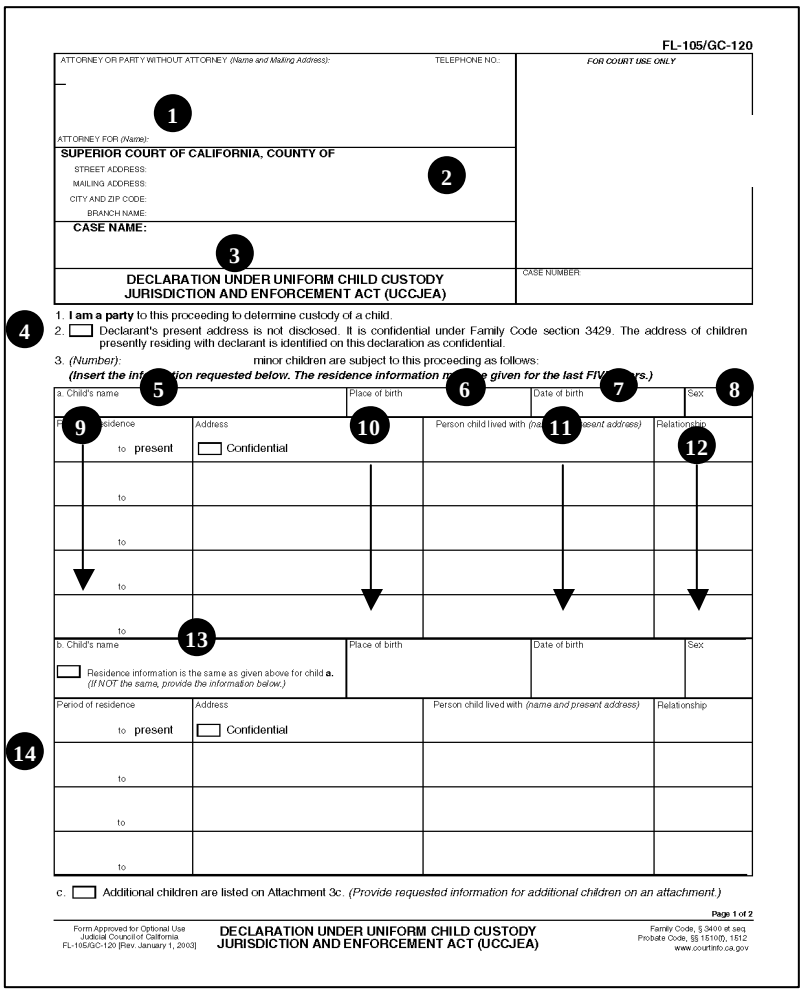
❶ Escriba los nombres del Querellante/Demandante y del Procesado/Demandado

❷ Utilize este formulario con el documento Fl-310, Solicitud para una orden y ocumentacion Suplemental

Si marco el articulo #10 en la segunda pagina de Fl-310, utilize este espacio para escribir los hechos para soportar la solic itud de apollo. **(Por favor de confirmar que esta es la unica vez que se ha usada este formulario.)**

❸ Escriba la feche en el formulario. Escriba a maquina o en letra de molde a la izquierda. Firme a la derecha.

❹ Marque el cuadro que lo identifica como el ”Petitioner/Plaintiff”(El Demandante/Querellante), o como el “Respondent/Defendant” (Demandado/Procesado).



FL-105/GC-120

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

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NAME:

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

CASE NUMBER

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

(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex

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

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

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

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

Page 1 of 2

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

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

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

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

INSTRUCCIONES

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

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

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

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

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

❺ Escriba el nombre y apellido del primer nacido.

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

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

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

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

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

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

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

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

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

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

SHORT TITLE: 16

CASE NUMBER:

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

a. Name of each child:

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

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

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

a. Name of each child:

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

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

d. Status of proceeding:

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child subject to this proceeding?
☐ No ☐ Yes *(If yes, provide the following information:)* 19

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

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

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

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

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

FL-105/GC-120 [Rev. January 1, 2003] **DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)** Page 2 of 2

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

- segunda pagina -

INSTRUCCIONES

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

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

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

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

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

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

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

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

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

DECLARACIÓN (FLF-105) – Apéndice 3c

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

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

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

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

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

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

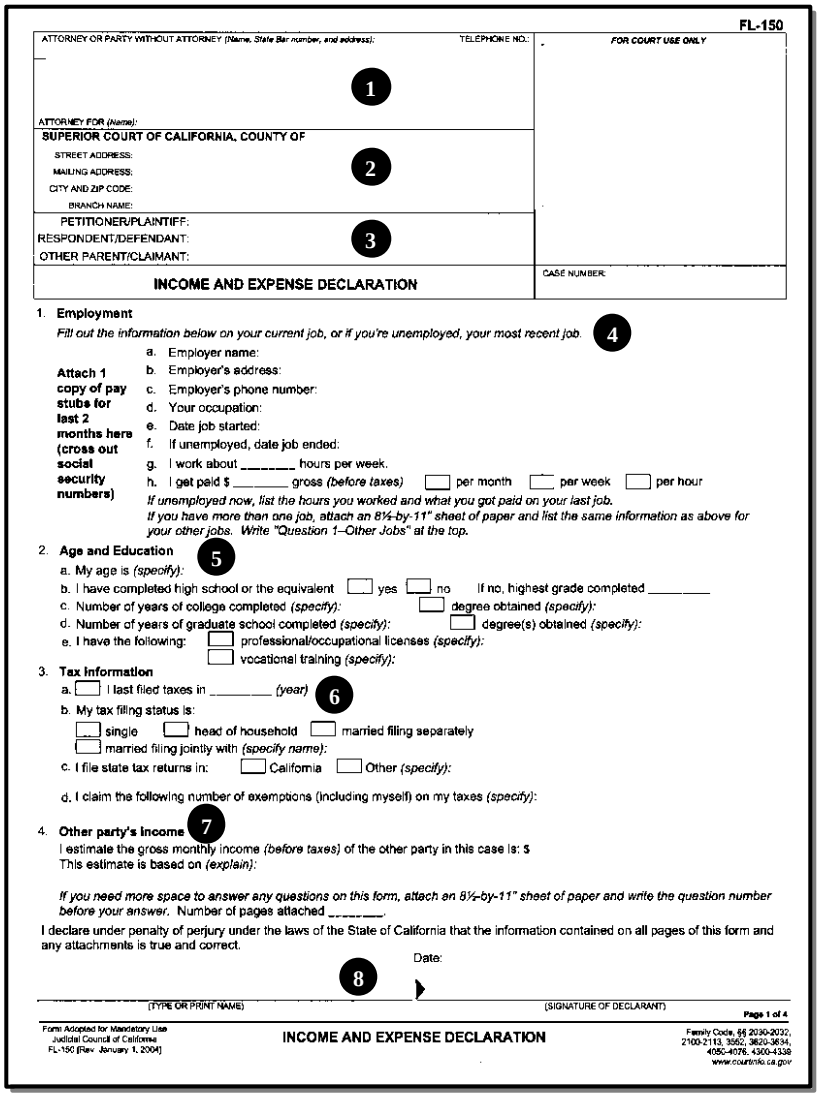
Attachment 3c

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

FLFO

15

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



FL-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FOR COURT USE ONLY

1

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

2

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT/CLAIMANT:

3

INCOME AND EXPENSE DECLARATION

CASE NUMBER:

1. **Employment**

Fill out the information below on your current job, or if you're unemployed, your most recent job. 4

Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

a. Employer name:
b. Employer's address:
c. Employer's phone number:
d. Your 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 unemployed now, list the hours you worked and what you got paid on your last job.
If you have more than one job, attach an 8½-by-11" 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** 5

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

3. **Tax Information**

a. ☐ I last filed taxes in _____ *(year)* 6
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)*:
d. I claim the following number of exemptions (including myself) on my taxes *(specify)*:

4. **Other party's income** 7

I estimate the gross monthly income *(before taxes)* of the other party in this case is: $
This estimate is based on *(explain)*:

If you need more space to answer any questions on this form, attach an 8½-by-11" 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:

8

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Page 1 of 4

Form Adopted for Mandatory Use Judicial Council of California FL-150 [Rev. January 1, 2004]

INCOME AND EXPENSE DECLARATION

Family Code, §§ 2030-2032, 2100-2113, 3552, 3620-3634, 4058-4076, 4300-4338 www.courtinfo.ca.gov

Cómo llenar

LA DECLARACION DE INGRESOS Y GASTOS (FL-150)

INSTRUCCIONES:

- Encuentre un número en el formulario de muestra.
  Ejemplo: 5
- Busque el mismo número abajo para ver cómo llenar el formulario.
- Escriba a máquina o en letra de molde con tinta negra.
- Si sabe el número de Caso, escríbalo o si no, déjelo en blanco.

1 Escriba su nombre, dirección y número de teléfono.

2 Si no está escrito ya, escriba "Fresno" a un lado de "COUNTY OF". La dirección (address) es: 1100 Van Ness Ave., "City and Zip Code" es: Fresno CA 93724-0002. A un lado de Branch Name escriba: Central Division.

3 Escriba los nombres del Petitioner/Plaintiff [demandante] y del Respondent/Defendant [demandado]. (El Plaintiff/demandante es la persona que mete el caso en contra de otra persona, el Defendant/demandado.) Escriba los nombres de otro Padre/Madre /Querellante si es que aplica al caso.

4 Llene la información sobre su trabajo. Si no tiene trabajo, llena la información sobre **el ultimo trabajo que tuvo.** Si tiene más de un trabajo, use otro papel para anotar la misma información.

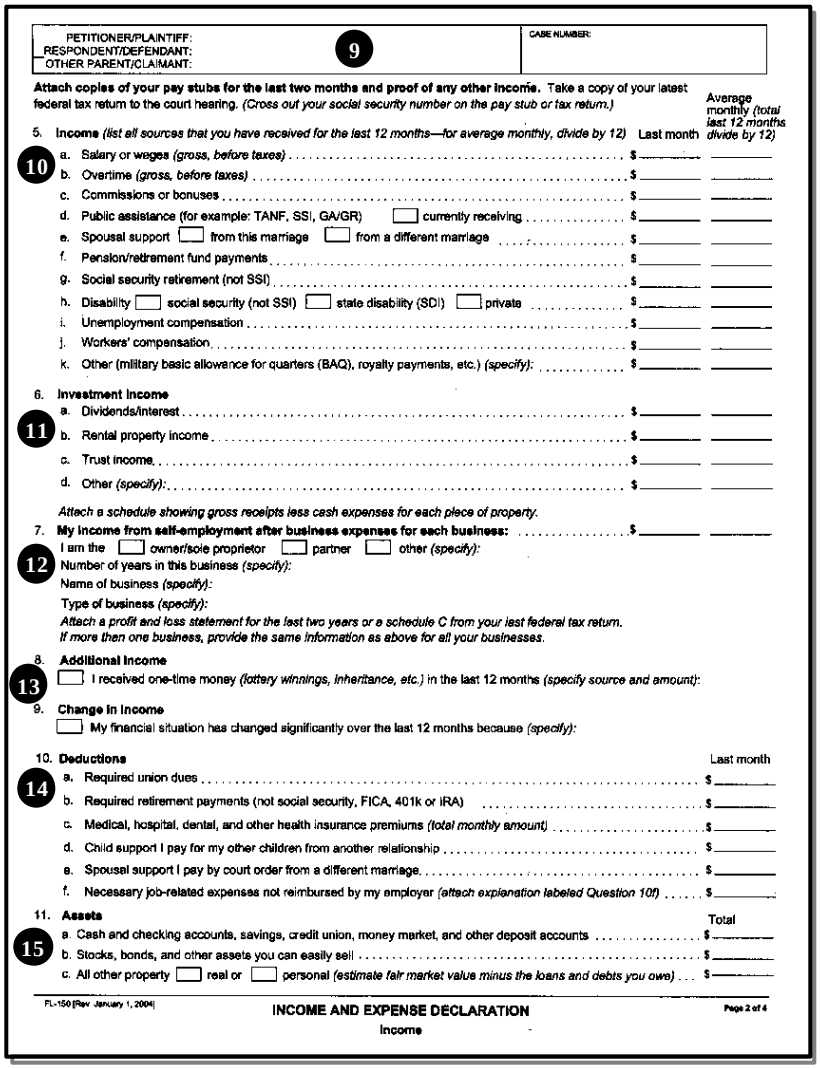
- Escriba el nombre (a) de donde trabaja, la dirección (b) y el número de teléfono (c), y su título de trabajo (d), Ejemplo: Chofer.
- Escriba la fecha en que comenzó este trabajo (e), cuántas horas trabaja cada semana (g), y cuánto dinero le pagan antes de que le saquen lo de los impuestos (h). Marque el primer cuadro si esta cantidad es lo de un mes, marque el segundo cuadro si es lo de una semana, o el tercer cuadro si es lo de una hora.
- Asegúrese de incluir **copias de sus talones de cheques** por los pasados dos meses. Use un **plumón obscuro** para tachar su número de seguro social.

5

6 Escriba su edad (a) y marque el cuadro Yes si usted terminó el bachillerato/ la prepa (b). Si marcó que NO, escriba también el ultimo año escolar que terminó. Llene la c. o la d. si ha tomado clases universitarias. Llene la e. si aplica

7 Marque el cuadro a. y escriba el ultimo año en que hizo los taxes [declaración de rentas internas]. Para la b., marque el cuadro del estado civil que le aplique a usted. Para la c., Marque California O si los últimos taxes los hizo de otro estado, marque Other y escriba el nombre del otro estado. Parq la d, escriba cuántos "exemptions" puso en los últimos taxes que hizo.

8 Escriba la cantidad que gana la otra persona del caso en un mes y explique cómo es que usted sabe esto.



PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT/CLAIMANT:

9

CASE NUMBER:

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. *(Cross out your social security number on the pay stub or tax return.)*

5. **Income** *(list all sources that you have received for the last 12 months—for average monthly, divide by 12)* — Last month — Average monthly *(total last 12 months divide by 12)*

10
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) ☐ currently receiving $ ____ ____
e. Spousal support ☐ from this marriage ☐ from a different marriage $ ____ ____
f. Pension/retirement fund payments $ ____ ____
g. Social security retirement (not SSI) $ ____ ____
h. Disability ☐ social security (not SSI) ☐ state disability (SDI) ☐ private $ ____ ____
i. Unemployment compensation $ ____ ____
j. Workers' compensation $ ____ ____
k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) *(specify):* $ ____ ____

6. **Investment Income**

11
a. Dividends/interest $ ____ ____
b. Rental property income $ ____ ____
c. Trust income $ ____ ____
d. Other *(specify):* $ ____ ____

Attach a schedule showing gross receipts less cash expenses for each piece of property.

7. **My income from self-employment after business expenses for each business:** $ ____ ____

12
I am the ☐ owner/sole proprietor ☐ 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.
If more than one business, provide the same information as above for all your businesses.

8. **Additional Income**

13
☐ 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

14
a. Required union dues $ ____
b. Required retirement payments (not social security, FICA, 401k or IRA) $ ____
c. Medical, hospital, dental, and other health insurance premiums *(total monthly amount)* $ ____
d. Child support I pay for my other children from another relationship $ ____
e. Spousal support I pay by court order from a different marriage $ ____
f. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled Question 10f)* $ ____

11. **Assets** — Total

15
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts $ ____
b. Stocks, bonds, and other assets you can easily sell $ ____
c. All other property ☐ real or ☐ personal *(estimate fair market value minus the loans and debts you owe)* $ ____

FL-150 [Rev. January 1, 2004] — INCOME AND EXPENSE DECLARATION — Page 2 of 4
Income

DECLARACION DE INGRESOS Y GASTOS (FL-150)

- página dos -

INSTRUCCIONES:

- Encuentre un número en el formulario de muestra. *Ejemplo:* 10
- Busque el mismo número abajo parq que vea cómo llenar el formulario.
- Escriba a máquina o en letra de molde con tinta negra.
- Si tiene el número de caso, escríbalo y si no, déjelo en blanco.

9 Escriba los nombres y apellidos de usted y de la(s) otra(s) persona(s) del caso.

Incluya los talons de cheques de los últimos dos meses junto con este formulario. Tambien incluya comprobante de cualquier otro dinero que usted gane. Traiga copia de sus últimos taxes federales a la cita de la corte. Use un plumón negro para tachar todos los número de seguros sociales que estén en la copia de los taxes.

10 Fíjese bien en la a. hasta la k. y si usted recibe/gana algo, marque el cuadro. En la primera columna va lo que recibió el mes pasado. Para la segunda columna, sume lo que recibió en los pasados 12 meses y luego divida la cantidad total por 12 para así sacar el promedio mensual.

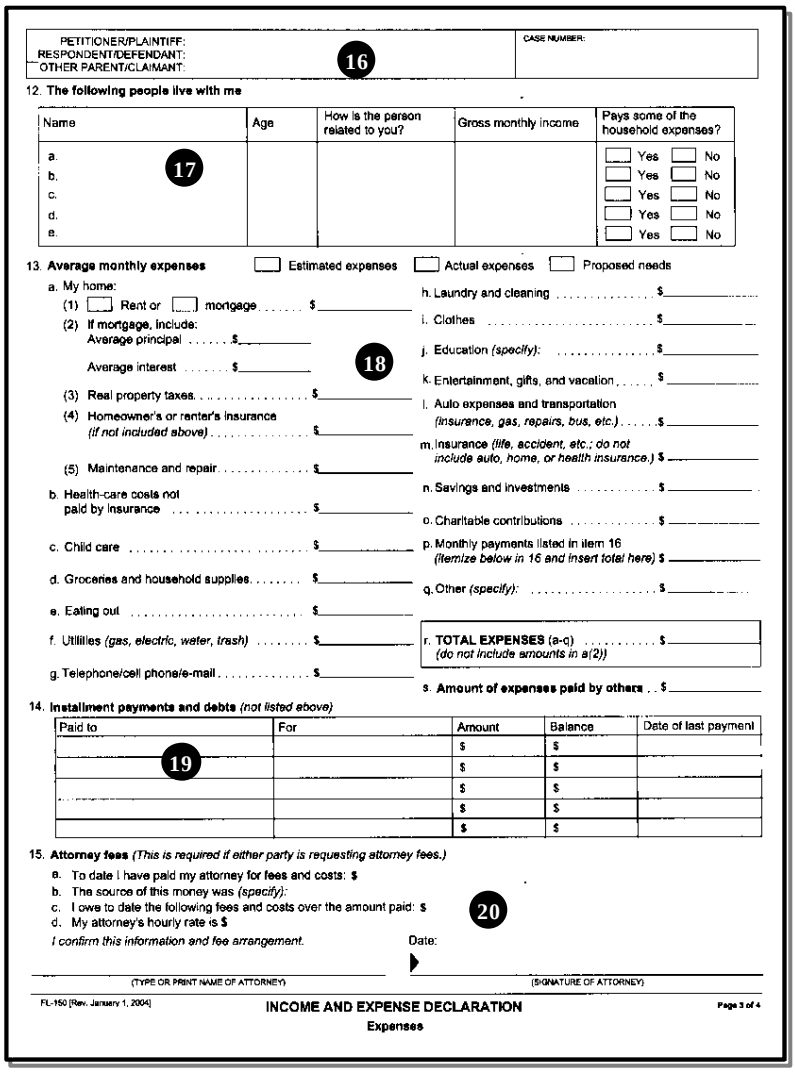
11 Si usted tiene inversions, escriba de cuánto son. Si usted escribió una cantidad para la d., describa que viene siendo la inversión. Si tiene propiedad(es) incluya una hoja por separado donde escriba todo lo que sacó y lo que gastó.

12 Esta sección la llena solo si trabaja por su propia cuenta (tiene su negocio propio). Incluya una "declaración de ingresos y gastos para cada negocio" o la hoja "Schedule C" de sus taxes.

13
- Marque "Additional Income," si usted recibió otro dinero en los pasados 12 meses. Escriba la cantidad y de dónde consiguió el dinero. Ejemplos: "Me saqué la loteria" "Mi tió me dejó dinero en su testamento."
- Marque "Change in Income," si la cantidad de dinero que usted normanlmente recibe tuvo un gran cambio en los pasados 12 meses. Escriba el motivo. Ejemplos: "Me lastimé en el trabajo y ahora estoy recibiendo disability." "Conseguí otro trabajo que me paga mucho más que el otro que tenía."

14 Escriba las cantidades de lo que le quitaron de lo que ganó el mes pasado. Escriba en todas las que le apliquen. Si marcó la f, debe escribir una explicación en otro papel y escríbale "Question 10f." arriba al papel.

15 Anote sus bienes [cuentas (a) acciones,bonos (b), propiedades, pertenencias (c)]. Escriba el valor total en cada linea correspondiente.



PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT/CLAIMANT:

CASE NUMBER:

16

12. **The following people live with me**

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

17

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

a. My home:
(1) ☐ Rent or ☐ mortgage . . . . . $
(2) If mortgage, include:
Average principal . . . . . $
Average interest . . . . . $
(3) Real property taxes. . . . . $
(4) Homeowner's or renter's insurance *(if not included above)* . . . . . $
(5) 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/e-mail . . . . . $

18

h. Laundry and cleaning . . . . . $

i. Clothes . . . . . $

j. Education *(specify)*: . . . . . $

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 16 *(itemize below in 16 and insert total here)* $

q. Other *(specify)*: . . . . . $

r. **TOTAL EXPENSES** (a-q) . . . . . $
(do not include amounts in a(2))

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

14. **Installment payments and debts** *(not listed above)*

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

19

15. **Attorney fees** *(This is required if either party is requesting attorney fees.)*
a. To date I have paid my attorney for fees and costs: $
b. The source of this money was *(specify)*:
c. I owe to date the following fees and costs over the amount paid: $
d. My attorney's hourly rate is $

20

I confirm this information and fee arrangement. Date:

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

FL-150 [Rev. January 1, 2004] **INCOME AND EXPENSE DECLARATION** Page 3 of 4
Expenses

DECLARACION DE INGRESOS Y GASTOS (FL-150)

- página tres -

INSTRUCCIONES:

- Encuentre un número en el formulario de muestra. *Ejemplo:* 16
- Busque el mismo número abajo para que vea cómo llenar el formulario.
- Escriba a máquina o en letra de molde con tinta negra.
- Si tiene el número de caso, escríbalo o si no, déjelo en blanco.

16 Escriba los nombres y apellidos de usted y de la(s) otra(s) persona(s) de este caso.

17 Escriba información sobre toda persona que viva con usted.

- Escriba el nombre (1a columna). La edad (2a columna). Qué es de usted, padre, hijo, amigo (3a columna)
- Escriba cuánto dinero recibe/gana cada persona al mes antes de lo que les quiten de los taxes (4a columna), y marque Si o No si la persona paga algo por vivir allí.

18 Para **Average monthly expenses**, marque el primer cuadro si calcula (según el mejor tanteo que pueda echarle) lo que son los gastos, o el segundo cuadro si son los gastos exactos. Marque el tercer cuadro solo si usted piensa que serán los mismos gastos todos los meses.

- Para la a., (1) marque el primer cuadro si lo que paga es renta o el segundo cuadro si usted es dueño de su propia casa. Escriba el pago mensual. Si es dueño de casa y tiene pago de casa llene el (2) y el (3). Llene el (4) si paga aseguransa de vivienda y el (5) si paga reparaciones o mantenimiento para la viviendo.
- Llene la b. a la q. según le apliquen.
- Para la j. a la q., describa lo que es el gasto.
- Sume las lineas a. hasta la q., pero no sume lo de el principal e interés de la hipoteca de la línea a.(2)
- Anote esta cantidad en el cuadro del total de gastos linea r.
- 19 La línea s. es para poner gastos mensuales que *usted* NO paga.

Escriba todos los pagos y deudas que usted tenga que pagar. Esto podría incluir pagos de carro, tarjetas de crédito…

- En la primera columna: escriba el nombre del acreedor (¿a quién le manda el pago?).
- En la Segunda columna describa para qué es el pago. En la tercera columna: la candida del último pago que le mando al acreedor. 20
- Cuarta columna: cantidad que aun debe. Ultima columna: la fecha en que dio este último pago.

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT/CLAIMANT: 21

CASE NUMBER:

Child Support Information
Fill out this page only if your case involves child support.

16. **Number of children** 22
a. I have _____ children under the age of 18 with the other parent in this case.
b. The children spend % of time with me % of time with the other parent.
(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)

17. **Children's health-care expenses** 23
a. ☐ I do ☐ I do not have health insurance for the children available at work.
b. Name of insurance company:
c. Address of insurance company:

d. The monthly cost for **children's** health insurance is or would be: $ _____
(Do not include the amount your employer pays.)

18. **Additional expenses for the children in this case:** 24 Amount per month
a. Child care 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)*: ..... $ _____

19. **Special hardships:** 25
I ask the court to consider these 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 18a	$ _____	_____
b. Major losses not covered by insurance *(examples: fire, theft, other uninsured loss)*	$ _____	_____
c. (1) **Expenses** for my minor children from other relationships who live with me *(List names and ages of those children):*	$ _____	_____
(2) 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.** 26

FL-150 [Rev. January 1, 2004] **INCOME AND EXPENSE DECLARATION** Page 4 of 4
Child Support

DECLARACIÓN DE INGRESOS Y GASTOS (FL-150)

- página cuatro -

INSTRUCCIONES:

- Encuentre el número en el formulario de muestra.
  Ejemplo: 21
- Pase al número correspondiente abajo y siga las instrucciones de cómo llenar el formulario.
- Escriba a máquina o en letra de molde usando tinta negra.
- Si conoce el Número del Caso, escríbalo. Si no, déjelo en blanco.

21 Escriba los nombres y apellidos de usted y las otras personas envueltas en el caso.

Llene el resto del formulario solamente que su caso incluya manutención de menor(es).

22 Escriba el número de hijos(as) **menores de 18 años** que tenga usted con el otro padre.

- Aproxime el porcentaje de tiempo que pasan los hijos(as) con cada padre. Ejemplo: "Los niños están conmigo 30% del tiempo y con el otro padre 70% del tiempo."
- Si no está seguro de los porcentajes, use el espacio proveído para explicar los períodos que cada padre pasa cuidando de los niños.

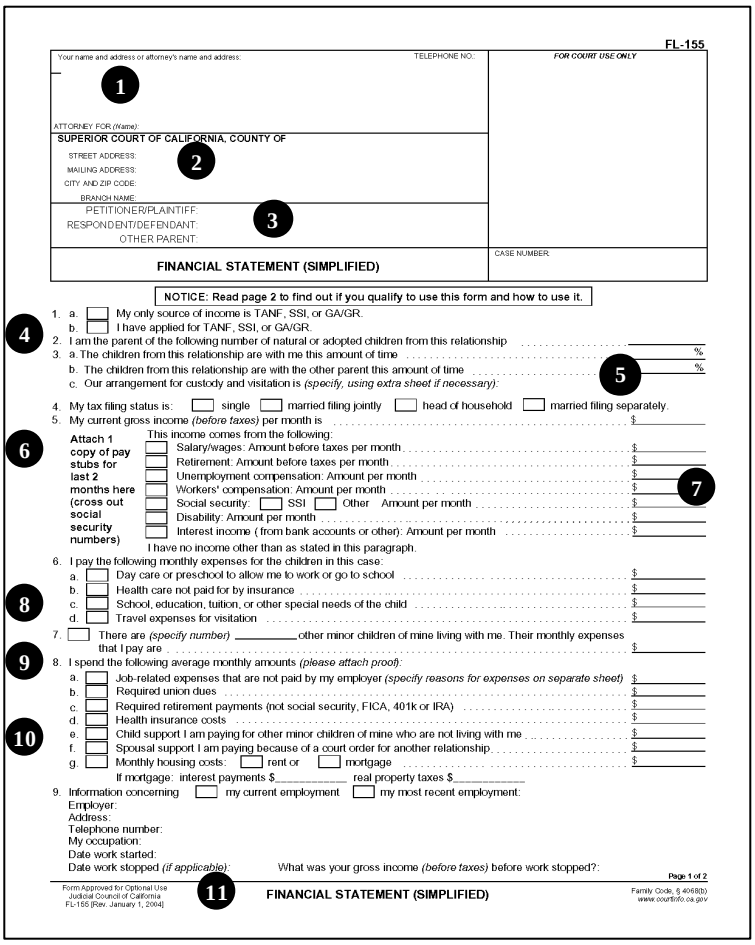
23 Marque el primer cuadro si tiene seguro de salud para sus niños por medio de su empleo. Si no, marque el segundo cuadro. Escriba el nombre y domicilio de la compañía de seguro de salud en el espacio proveído. Escriba la cantidad mensual que usted paga (*o que pagaría para cubrir completamente a sus hijos)* por seguro de salud. NO incluya el costo que es pagado por su empleador.

24 Escriba las cantidades mensuales que correspondan en su caso. Describa las necesidades especiales o educativas.

25 Enumere las "obligaciones especiales" (necesidades que dificultan su vida diaria).

- Para las letras a., b. y c., escriba las cantidades mensuales correspondientes.
- En la segunda columna, anote cuántos meses ha durado esta situación.
- Si tiene hijos menores de 18 años de otra relación, anote sus nombres y edades en el espacio proveído.
- Si recibe manutención por estos hijos, anote la cantidad.
- Si ha llenado las líneas a., b., y c., se ha proveído espacio para que explique el motivo de la dificultad.

26 En este espacio puede escribir alguna otra información que quiera hacerle saber al juez sobre su caso.



FL-155

Your name and address or attorney's name and address: TELEPHONE NO.: FOR COURT USE ONLY

1

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

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

2

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

3

FINANCIAL STATEMENT (SIMPLIFIED) CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

4 1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
b. ☐ I have applied for TANF, SSI, or GA/GR.

2. I am the parent of the following number of natural or adopted children from this relationship _____

3. a. The children from this relationship are with me this amount of time _____ %
b. The children from this relationship are with the other parent this amount of time _____ %
c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:

5

4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.

5. My current gross income *(before taxes)* per month is $_____

6 Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

This income comes from the following:
☐ Salary/wages: Amount before taxes per month $_____
☐ Retirement: Amount before taxes per month $_____
☐ Unemployment compensation: Amount per month $_____
☐ Workers' compensation: Amount per month $_____
☐ Social security: ☐ SSI ☐ Other Amount per month $_____
☐ Disability: Amount per month $_____
☐ Interest income (from bank accounts or other): Amount per month $_____
I have no income other than as stated in this paragraph.

7

6. I pay the following monthly expenses for the children in this case:
a. ☐ Day care or preschool to allow me to work or go to school $_____
b. ☐ Health care not paid for by insurance $_____
c. ☐ School, education, tuition, or other special needs of the child $_____
d. ☐ Travel expenses for visitation $_____

8

7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are $_____

9

8. I spend the following average monthly amounts *(please attach proof)*:
a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* $_____
b. ☐ Required union dues $_____
c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) $_____
d. ☐ Health insurance costs $_____
e. ☐ Child support I am paying for other minor children of mine who are not living with me $_____
f. ☐ Spousal support I am paying because of a court order for another relationship $_____
g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage $_____
If mortgage: interest payments $_____ real property taxes $_____

10

9. Information concerning ☐ my current employment ☐ my most recent employment:
Employer:
Address:
Telephone number:
My occupation:
Date work started:
Date work stopped *(if applicable)*: What was your gross income *(before taxes)* before work stopped?:

Page 1 of 2

Form Approved for Optional Use
Judicial Council of California
FL-155 [Rev. January 1, 2004]

11

FINANCIAL STATEMENT (SIMPLIFIED)

Family Code, § 4068(b)
www.courtinfo.ca.gov

Como llenar una

DECLARACIÓN FINANCIERA (SIMPLIFICADA) (FL-155)

INSTRUCCIONES

- Encuentre el número en el formulario de muestra. *Ejemplo:* ❶
- Encuentre el número correspondiente abajo y siga las instrucciones.
- Escriba a máquina o a mano en tinta negra.
- Si conoce el No. de causa (Case Number) escribalo o deje en blanco.

❶ *Antes de completar la forma, lea las instrucciones en la segunda página* . Después, escriba su nombre y su domicilio aquí.

❷ Si no esta llenada para usted, escriba "Fresno" después de "COUNTY OF". El domicilio es: 1100 Van Ness Ave., Fresno CA 93724-0002. El nombre de la sucursal es: Central Branch.

❸ Usted es el "Petitioner"(Demandante) si comenzo la causa. Usted es el "Respondent"(Demandado) si otra persona comenzo la causa en su contra. Escriba el nombre completo para cada persona.

❹ Marque en **1**. Inciso **a**., si usted recibe TANF, SSI, o GA/GR y si ésta es la única manera que recibe dinero. Marque 1.b si usted a solicitado para TANF, SSI, o GA/GR, pero no recivido dinero todavia.

❺ Para # 2, ponga el número de hijos nacidos o hijos adoptados por usted y por la otra parte. Para # 3, escriba el porcentaje de tiempo que usted esta con su hijo(s) y el porcentaje de tiempo que el otro padre esta con ellos. Ejemplo: Si usted tiene a su(s) hijo(s) entre semana y el otro padre los tiene los fines de semana, los hijos estan con usted como 70% del tiempo y el otro padre como 30% del tiempo.

❻ Para # 4, marque el cuadro que dice cómo usted hace sus impuestos, cómo padre soltero(a), casado archivando juntos, cómo cabeza de familia, o casado(a) pero archivando usted solo(a).

❼ Para # 5, ponga la cantidad de dinero que usted recibe cada mes antes de que le quiten los impuestos. Después marque en el cuadro de donde viene el dinero y escriba la cantidad. Cuando haya añadido la cantidad, él numero tiene que ser la misma cantidad que usted escribio para el total del ingreso mensual.

❽ Para # 6, marque todos los cuadros pertinentes y haga una lista con la cantidad para cada unos de estos gastos.

❾ Marque el cuadro después de # 7 si hay otros niños menores de 18 años viviendo con usted, quien no son parte de este caso. Ponga el número de niños y liste la cantidad de dinero que usted gasta en ellos cada mes.

❿ Lea # 8 cuidadosamente y marque todos los cuadros pertinentes. Haga una lista con la cantidad por promedio de dinero que gasta cada mes en estos desembolsos. Adjunte un comprobante que usted hace estos pagos (estado de cuentas, facturas etc.) .

⓫ Para # 9, marque el primer cuadro si usted actualmente tiene empleo o marque el segundo cuadro si usted no esta trabajando. Escriba el nombre, domicilio, y número de teléfono de su patrono actual o el más reciente. "Occupation" significa el título de su trabajo. Por ejemplo, "mecánico" or "cajero/a." Escriba el día que comenzo este empleo.

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:

10. My estimate of the other party's gross monthly income *(before taxes)* is . . . . . .
11. My current spouse's monthly income *(before taxes)* is . . . . . .
12. Other information I want the court to know concerning child support in my case *(attach extra sheet with the information)*.
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Workers' compensation
  - Social security
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.
Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

FL-155 [Rev. January 1, 2004] **FINANCIAL STATEMENT (SIMPLIFIED)** Page 2 of 2

DECLARACIÓN FINANCIERA
(SIMPLIFICADA)
(FL-155)

- segunda pagina -

INSTRUCCIONES

- Encuentre el número en el formulario de muestra. *Ejemplo:* 15
- Encuentre el numero correspondienete abajo y siga las instrucciones
- Escriba a máquina o a mano en tinta negra.
- Si conoce el No. de causa (Case Number) escribalo o deje en blanco.

12 Escriba el apellido y el nombre de pila de las dos partes de la causa.

13 Escriba la cantidad de dinero que usted piensa que la otra parte hace al mes antes que le quiten los impuestos. Si se volvió a casar apunte el sueldo de su esposo antes de los inpuestos.

14 Escriba su nombre con letra de molde en la izquierda y firme en la derecha. Escriba la fecha que firmo el formulario. Al firmar el formulario usted declara que todo lo que esta escrito es cierto y correcto. Si usted tiene algo más que quiere que el juez sepa de su causa, escribalo en otro papel y adjuntelo con este formulario.

15 Lea y siga las instrucciones de cada sección cuidadosamente. No hay nada que usted tiene que llenar, pero hay información aquí que le puede ayudar. Elegible "Eligible" significa "permitir." La mayoría de la gente que llena este formulario probablemente reunen los requisitos, pero si usted respondió "YES" (sí) para alguna de las preguntas en el primer paso, no será pertmitido usar éste formulario.

Como llenar

RESPUESTA ANTINGENTE DE UNA ORDEN PARA ESTABLECER MOTIVO O AVISO DE PEDIMENTO (FL-320)

DEJELA EN BLANCO

FL-320

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

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

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

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

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

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

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

www.courtinfo.ca.gov

NO ESCRIBA NADA EN ESTA FORMA

DEJELA EN BLANCO

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

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

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

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

9. ☐ SUPPORTING INFORMATION
   ☐ contained in the attached declaration.

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

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

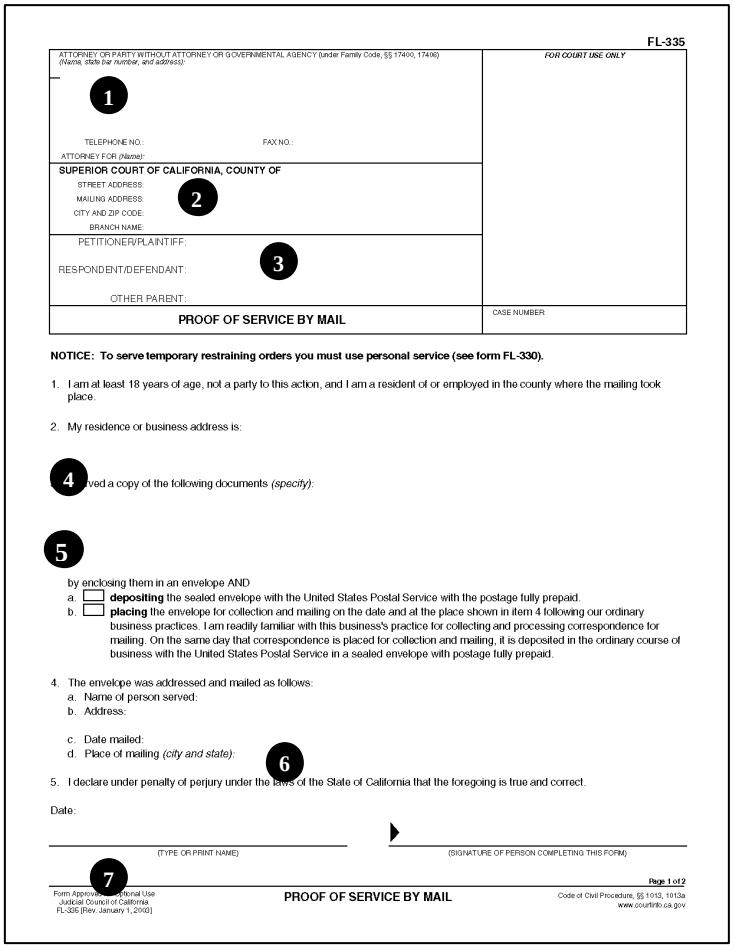
Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

RESPUESTA ANTINGENTE DE UNA ORDEN PARA ESTABLECER MOTIVO O AVISO DE PEDIMENTO

- segunda pagina-

INSTRUCCIONES



FL-335

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

FOR COURT USE ONLY

1

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

2

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

3

PROOF OF SERVICE BY MAIL

CASE NUMBER

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

4

ved a copy of the following documents *(specify)*:

5

by enclosing them in an envelope AND

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

a. Name of person served:

b. Address:

c. Date mailed:

d. Place of mailing *(city and state)*:

6

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

7

Page 1 of 2

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

PROOF OF SERVICE BY MAIL

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

Como llenar la

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

INSTRUCCIONES:

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

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

❶ Escriba su nombre y número de teléfono.

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

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

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

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

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

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

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

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

- segunda pagina -

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

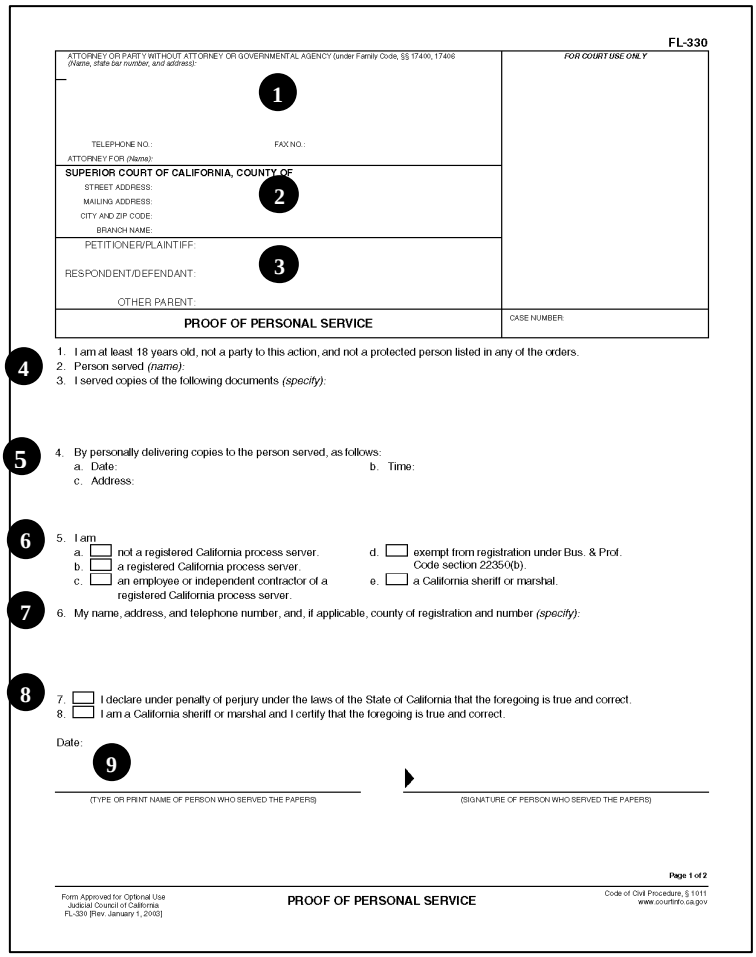
1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
   a. Check this box if you put the documents in the regular U.S. mail.
   b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
   b. Print the address you put on the envelope containing the documents.
   c. Write in the date that you put the envelope containing the documents in the mail.
   d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

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

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



FL-330

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

1

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

2

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

3

PROOF OF PERSONAL SERVICE — CASE NUMBER:

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

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

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

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

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

Date:

9

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

Page 1 of 2

Form Approved for Optional Use Judicial Council of California FL-330 [Rev. January 1, 2003] — PROOF OF PERSONAL SERVICE — Code of Civil Procedure, § 1011 www.courtinfo.ca.gov

Como llenar

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

INSTRUCCIONES:

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

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

❶ Escriba su nombre y su número telefónico.

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

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

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

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

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

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

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

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

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

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

(FL-330)

- segunda pagina -

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

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

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

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

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Mailing Address)*: TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	CASE NUMBER:

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ Declarant's present address is not disclosed. It is confidential under Family Code section 3429. The address of children presently residing with declarant is identified on this declaration as confidential.
3. *(Number):* minor children are subject to this proceeding as follows:
   (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex

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

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

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

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

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

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

American LegalNet, Inc.
www.USCourtForms.com

SHORT TITLE:	CASE NUMBER:

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

   a. Name of each child:

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

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

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

   a. Name of each child:

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

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

   d. Status of proceeding:

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

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

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

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached after this page:

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

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

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

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

   by enclosing them in an envelope AND
   a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
   a. Name of person served:
   b. Address:

   c. Date mailed:
   d. Place of mailing *(city and state):*

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

Date:

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

American LegalNet, Inc.
www.USCourtForms.com

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
   a. Check this box if you put the documents in the regular U.S. mail.
   b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
   b. Print the address you put on the envelope containing the documents.
   c. Write in the date that you put the envelope containing the documents in the mail.
   d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

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

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

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

5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Bus. & Prof. Code section 22350(b).
   e. ☐ a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

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

Date:

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

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

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

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

American LegalNet, Inc.
www.USCourtForms.com

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

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

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

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

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

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

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

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

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

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

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

American LegalNet, Inc.
www.USCourtForms.com

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

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

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

9. ☐ SUPPORTING INFORMATION
   ☐ contained in the attached declaration.

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

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

APPLICATION FOR ORDER AND SUPPORTING DECLARATION

(THIS IS NOT AN ORDER)

☐ **Petitioner** ☐ **Respondent** ☐ **Claimant** **requests the following orders be made:**

1. ☐ CHILD CUSTODY ☐ **To be ordered pending the hearing**
   a. Child *(name and age)*
   b. Request custody to *(name)*
   c. ☐ Modify existing order
      (1) filed on *(date)*:
      (2) ordering *(specify)*:

2. ☐ CHILD VISITATION ☐ **To be ordered pending the hearing**
   a. ☐ Reasonable
   b. ☐ Other *(specify)*:
   c. ☐ Child abduction prevention orders (attach form FL-312)
   d. ☐ Petitioner ☐ Respondent shall not remove the minor child or children of the parties
      (1) ☐ from the State of California (2) ☐ other *(specify)*:
   e. ☐ Modify existing order
      (1) filed on *(date)*:
      (2) ordering *(specify)*:

3. ☐ CHILD SUPPORT *(A* Wage and Earnings Assignment Order *will be issued.)*
   a. Child (name and age)
   b. Monthly amount (if not by guideline) $
   c. ☐ Modify existing order
      (1) filed on *(date)*:
      (2) ordering *(specify)*:

4. ☐ SPOUSAL SUPPORT *(A* Wage and Earnings Assignment Order *will be issued.)*
   a. ☐ Amount requested *(monthly)*: $
   b. ☐ Terminate existing order
      (1) filed on *(date)*:
      (2) ordering *(specify)*:
   c. ☐ Modify existing order
      (1) filed on *(date)*:
      (2) ordering *(specify)*:

5. ☐ ATTORNEY FEES AND COSTS a. ☐ Fees: $ b. ☐ Costs: $

6. ☐ PROPERTY RESTRAINT ☐ **To be ordered pending the hearing**
   a. The ☐ petitioner ☐ respondent ☐ claimant are restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
      ☐ and applicant will be notified at least five business days before any proposed extraordinary expenditures and an accounting of such will be made to the court.
   b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor children.
   c. ☐ Neither party shall incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

NOTE: TO OBTAIN DOMESTIC VIOLENCE RESTRAINING ORDERS, YOU MUST USE THE FORMS *REQUEST FOR ORDER (DOMESTIC VIOLENCE PREVENTION)* (FORM DV-100) AND *TEMPORARY RESTRAINING ORDER (DOMESTIC VIOLENCE PREVENTION)* (FORM DV-110).

American LegalNet, Inc.
www.USCourtForms.com

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**
   a. ☐ Petitioner ☐ Respondent are given the exclusive temporary use, possession, and control of the following property we own or are buying *(specify)*:

   b. ☐ Petitioner ☐ Respondent are ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to

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

9. ☐ OTHER RELIEF *(specify)*:

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

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
NOTICE OF MOTION ☐ **MODIFICATION** ☐ **Child Custody** ☐ **Visitation** ☐ **Injunctive Order** ☐ **Child Support** ☐ **Spousal Support** ☐ **Other *(specify):*** ☐ **Attorney Fees and Costs**	CASE NUMBER:

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

a. Date:	Time:	☐ Dept.:	☐ Rm.:

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

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

ORDER

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

Date:

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the income of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.
You do not have to pay any fee to file responsive declarations in response to this *Notice of Motion* (including a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least ten calendar days before the hearing date.

Form Adopted for Mandatory Use
Judicial Council of California
FL-301 [Rev. January 1, 2003]

Government Code, § 26826
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

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

   b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:
      (1) Papers served:
         (a) *Notice of Motion* and a completed *Application for Order and Supporting Declaration* (form FL-310) **and** a blank *Responsive Declaration* (form FL-320)
         (b) ☐ Completed *Income and Expense Declaration* (form FL-150) **and** a blank *Income and Expense Declaration*
         (c) ☐ Completed *Financial Statement (Simplified)* (form FL-155) **and** a blank *Financial Statement (Simplified)*
         (d) ☐ Completed *Property Declaration* (form FL-160) **and** a blank *Property Declaration*
         (e) ☐ Points and authorities
         (f) Other *(specify):*

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

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

Date:

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

Your name and address or attorney's name and address: TELEPHONE NO.: ATTORNEY FOR *(Name)*:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
FINANCIAL STATEMENT (SIMPLIFIED)	CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
   b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship . . . . . _____
3. a. The children from this relationship are with me this amount of time . . . . . _____ %
   b. The children from this relationship are with the other parent this amount of time . . . . . _____ %
   c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary):*
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is . . . . . $_____

Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

This income comes from the following:

- ☐ Salary/wages: Amount before taxes per month . . . . . $_____
- ☐ Retirement: Amount before taxes per month . . . . . $_____
- ☐ Unemployment compensation: Amount per month . . . . . $_____
- ☐ Workers' compensation: Amount per month . . . . . $_____
- ☐ Social security: ☐ SSI ☐ Other Amount per month . . . . . $_____
- ☐ Disability: Amount per month . . . . . $_____
- ☐ Interest income (from bank accounts or other): Amount per month . . . . . $_____

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
   a. ☐ Day care or preschool to allow me to work or go to school . . . . . $_____
   b. ☐ Health care not paid for by insurance . . . . . $_____
   c. ☐ School, education, tuition, or other special needs of the child . . . . . $_____
   d. ☐ Travel expenses for visitation . . . . . $_____
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are . . . . . $_____
8. I spend the following average monthly amounts *(please attach proof):*
   a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* $_____
   b. ☐ Required union dues . . . . . $_____
   c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) . . . . . $_____
   d. ☐ Health insurance costs . . . . . $_____
   e. ☐ Child support I am paying for other minor children of mine who are not living with me . . . . . $_____
   f. ☐ Spousal support I am paying because of a court order for another relationship . . . . . $_____
   g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage . . . . . $_____
   If mortgage: interest payments $_____ real property taxes $_____
9. Information concerning ☐ my current employment ☐ my most recent employment:
   Employer:
   Address:
   Telephone number:
   My occupation:
   Date work started:
   Date work stopped *(if applicable):* What was your gross income *(before taxes)* before work stopped?:

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

10. My estimate of the other party's gross monthly income *(before taxes)* is . . . . . $ _____
11. My current spouse's monthly income *(before taxes)* is . . . . . $ _____
12. Other information I want the court to know concerning child support in my case *(attach extra sheet with the information).*
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF DECLARANT)

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Workers' compensation
  - Social security
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.
Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. **Employment**

Fill out the information below on your current job, or if you're unemployed, your most recent job.

Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

a. Employer name:
b. Employer's address:
c. Employer's phone number:
d. Your 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 unemployed now, list the hours you worked and what you got paid on your last job.
If you have more than one job, attach an 8½-by-11" 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 _____
c. Number of years of college completed *(specify):* ☐ degree obtained *(specify):*
d. Number of years of graduate school completed *(specify):* ☐ degree(s) obtained *(specify):*
e. I have the following: ☐ professional/occupational licenses *(specify):*
☐ vocational training *(specify):*

3. **Tax information**

a. ☐ I last filed taxes in _____ *(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):*
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 is: $
This estimate is based on *(explain):*

If you need more space to answer any questions on this form, attach an 8½-by-11" 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)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2004]

Family Code, §§ 2030-2032, 2100-2113, 3552, 3620-3634, 4050-4076, 4300-4339
www.courtinfo.ca.gov

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

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. *(Cross out your social security number on the pay stub or tax return.)*

5. **Income** *(list all sources that you have received for the last 12 months—for average monthly, divide by 12)*

	Last month	Average monthly *(total last 12 months divide by 12)*
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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Pension/retirement fund payments	$	
g. Social security retirement (not SSI)	$	
h. Disability ☐ social security (not SSI) ☐ state disability (SDI) ☐ private	$	
i. Unemployment compensation	$	
j. Workers' compensation	$	
k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) *(specify):*	$	

6. **Investment income**

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

Attach a schedule showing gross receipts less cash expenses for each piece of property.

7. **My income from self-employment after business expenses for each business:** $ _____ _____

I am the ☐ owner/sole proprietor ☐ 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.
If more than one business, provide the same information as above for all 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, 401k or IRA)	$
c. Medical, hospital, dental, and other health insurance premiums *(total monthly amount)*	$
d. Child support I pay for my other children from another relationship	$
e. Spousal support I pay by court order from a different marriage	$
f. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled Question 10f)*	$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	$
b. Stocks, bonds, and other assets you can easily sell	$
c. All other property ☐ real or ☐ personal *(estimate fair market value minus the loans and debts you owe)*	$

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

12. **The following people live with me**

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

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

a. My home:
(1) ☐ Rent or ☐ mortgage . . . . . $_____
(2) If mortgage, include:
Average principal . . . . . $_____
Average interest . . . . . $_____
(3) Real property taxes. . . . . $_____
(4) Homeowner's or renter's insurance *(if not included above)* . . . . . $_____
(5) 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/e-mail . . . . . $_____

h. Laundry and cleaning . . . . . $_____

i. Clothes . . . . . $_____

j. Education *(specify):* . . . . . $_____

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 16 *(itemize below in 16 and insert total here)* $_____

q. Other *(specify):* . . . . . $_____

r. **TOTAL EXPENSES** (a-q) . . . . . $_____
(do not include amounts in a(2))

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 is required if either party is requesting attorney fees.)*

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

I confirm this information and fee arrangement. Date:

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

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

Child Support Information

Fill out this page only if your case involves child support.

16. **Number of children**
    a. I have _____ children under the age of 18 with the other parent in this case.
    b. The children spend % of time with me % of time with the other parent.
    (If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insurance for the children available at work.
    b. Name of insurance company:
    c. Address of insurance company:
    d. The monthly cost for **children's** health insurance is or would be: $ _____
    (Do not include the amount your employer pays.)

18. **Additional expenses for the children in this case:** Amount per month
    a. Child care 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):* . . . . . $ _____

19. **Special hardships:**
    I ask the court to consider these 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 *(examples: fire, theft, other uninsured loss)*	$ _____	_____
c. (1) Expenses for my minor children from other relationships who live with me . . . . . *(List names and ages of those children):*	$ _____	_____
(2) 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.**

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	***FOR COURT USE ONLY***
ATTORNEY FOR *(Name)*:	
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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

Date:

. . . . . .
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Petitioner/Plaintiff ☐ Respondent/Defendant ☐ Attorney
☐ Other *(specify)*:

(See reverse for a form to be used if this declaration will be attached to another court form before filing)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

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

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

Date:

. . . . . .
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

ATTACHED DECLARATION