

# Instructions for Starting a Divorce, Legal Separation Or Nullity

## WHEN TO USE THIS PACKET:

- **Dissolution** [Divorce] of Marriage and/or Domestic Partnership  
In order to seek a divorce in this county, you or the other party must have lived in California for the past six months and in Fresno County for the past three months.
- **Legal Separation** of Marriage and/or Domestic Partnership  
This allows the Court to divide community property and make orders on custody or support, but does not terminate your marriage or domestic partnership.
- **Nullity** [Annulment] of a marriage and/or domestic partnership that was not valid due to specific grounds.

You may also use this packet to end a same-sex marriage that you entered into in California if neither spouse is a resident of California and you both live in states or countries that will not end a same-sex marriage.

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

## STEPS TO OPEN A CASE:

1. The following forms in this packet are to be completed. Please refer to FL-107 INFO to know which exact forms you will need in your case.

|                                                      |        |                                                          |        |
|------------------------------------------------------|--------|----------------------------------------------------------|--------|
| <input type="checkbox"/> Summons                     | FL-110 | <input type="checkbox"/> *Declaration of Disclosure      | FL-140 |
| <input type="checkbox"/> Petition                    | FL-100 | <input type="checkbox"/> *Schedule of Assets and debts   | FL-142 |
| <input type="checkbox"/> Proof of Service of Summons | FL-115 | <input type="checkbox"/> *Income and Expense Declaration | FL-150 |
| <input type="checkbox"/> Declaration Under UCCJEA    | FL-105 | <input type="checkbox"/> *Response to Petition           | FL-120 |

2. You will need to make at least 2 additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for the other party. The original is for the court.
3. ALL copies must be submitted to the court for filing. Once the documents are filed by the court, you will be assigned a case number.
4. After you receive your copies back from the court, a copy of the documents must be served on the other party along with a blank copy of the FL-120.
5. A “Proof of Service of Summons” must be completed by the person who served the other party. Then the proof of service form must be filed with the Court.

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

Revised 09/01/2024



## FL-107-INFO Legal Steps for a Divorce or Legal Separation

### STEP 1. Start Your Case

- The **petitioner** (the person who files the first divorce or legal separation forms with the court) fills out and files with the court clerk at least a *Petition—Marriage/Domestic Partnership* (form FL-100) and a *Summons* (form FL-110) and, if there are children of the relationship, a *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105).
- The forms needed to start your case and information about filing fees and fee waivers are available at “Filing Your Case,” at [courts.ca.gov/filing](http://courts.ca.gov/filing).
- The court clerk will stamp and return copies of the filed forms to the **petitioner**.

### STEP 2. Serve the Forms

- **Someone 18 or older**—not the **petitioner**—serves the spouse or domestic partner (called the **respondent**) with all the forms from Step 1 plus a blank *Response—Marriage/Domestic Partnership* (form FL-120) and files with the court a proof-of-service form, such as *Proof of Service of Summons* (form FL-115), telling when and how the respondent was served. (To *serve* means “to give in the proper legal way.”) For more information, see “Serving Your First Set of Court Forms” at [courts.ca.gov/filing](http://courts.ca.gov/filing).
- The **respondent** has 30 days to file and serve a *Response*. So, the **petitioner** must wait 30 days before starting Step 4.

### STEP 3. Disclose Financial Information

- At the same time as Step 1 or within 60 days of filing the *Petition*, the **petitioner** must fill out and have these documents served on the **respondent**: *Declaration of Disclosure* (form FL-140), *Income and Expense Declaration* (form FL-150), *Schedule of Assets and Debts* (form FL-142) or *Property Declaration* (form FL-160), and all tax returns filed by the party in the two years before serving the disclosure documents. These disclosure documents are not filed with the court.
- If the **respondent** files a *Response*, he or she must also complete and serve the same disclosure documents on the **petitioner** within 60 days of filing the *Response*.
- The 60-day time frame for serving the disclosures may be changed by written agreement between the parties or by court order.
- The **petitioner** and **respondent** each file a *Declaration Regarding Service* (form FL-141) with the court saying disclosures were served. If the **respondent** does not serve disclosures, the **petitioner** can still finish the case without them. For more information, see “Fill Out and Serve Your Financial Declaration of Disclosure Forms” at [courts.ca.gov/filing](http://courts.ca.gov/filing) (click on Step 4).

### STEP 4. Finish the Divorce or Legal Separation Case in One of Four Ways

#### Respondent does not file a *Response* (called “default”)

**No Response and NO written agreement:**  
Petitioner waits 30 days after Step 2 is complete and prepares a proposed *Judgment* (form FL-180), together with all other needed forms. See “True Default Case” at [courts.ca.gov/truedefault](http://courts.ca.gov/truedefault).

**No Response BUT written agreement:** Petitioner attaches the signed and notarized agreement to the proposed *Judgment* (form FL-180), together with all other needed forms. See “Default Case with Written Agreement” at [courts.ca.gov/defaultagree](http://courts.ca.gov/defaultagree).

#### Respondent files a *Response*

**Response AND written agreement:** Either party files *Appearance, Stipulations, and Waivers* (form FL-130) and the proposed *Judgment* with written agreement attached and other needed forms. See “Uncontested Case” at [courts.ca.gov/uncontested](http://courts.ca.gov/uncontested).

**Response and NO agreement:** Parties must go to trial to have a judge resolve the issues. See “Contested Case” at [courts.ca.gov/contested](http://courts.ca.gov/contested).

### IMPORTANT NOTICES

- The earliest you can be divorced is six months and one day from one of these three dates (whichever occurs first): (1) the date Respondent was served with the *Summons* (form FL-110) and *Petition* (form FL-100), (2) the date the *Response* (form FL-120) was filed, or (3) the date *Appearance, Stipulations, and Waivers* (form FL-130) was filed. Legal separation has no waiting period. You are NOT divorced or legally separated until the court enters a *Judgment* in your case.
- If you need court orders for child support, custody, parenting time (visitation), spousal or partner support, restraining orders, or other issues, file a *Request for Order* (form FL-300) asking for temporary orders. See “Request for Order Information” at [courts.ca.gov/divorcerequests](http://courts.ca.gov/divorcerequests) for more information.
- Annulments: See [courts.ca.gov/annulment](http://courts.ca.gov/annulment) for information about annulments.
- You must keep the court and the other party informed of any change in your mailing address or other contact information. File and serve a *Notice of Change of Address or Other Contact Information* (form MC-040) on the other party or his or her attorney to let them know about the change in your contact information.

**Do you have a registered domestic partnership?** The process for a divorce or legal separation of a domestic partnership is the same as on page 1. For information about ending your domestic partnership in the superior court, see [courts.ca.gov/filing](https://courts.ca.gov/filing). To find out if you are eligible to end your domestic partnership through the Secretary of State, see [courts.ca.gov/summdissodp](https://courts.ca.gov/summdissodp). Note: There may be differences in federal taxes and other issues for domestic partnerships. Seek advice from an attorney experienced in domestic partner law.

**What if you want a legal separation?** The process on page 1 is the same, except you will **NOT** get a *Judgment* for legal separation unless both parties agree to a legal separation OR if **respondent** has not filed a *Response*. If both parties agree to be legally separated but do not agree on other issues, the parties must go to trial to have a judge resolve those issues. You are **NOT** legally separated until you receive a *Judgment* signed by the court. For more information, see “Legal Separation” at [courts.ca.gov/legalseparation](https://courts.ca.gov/legalseparation). AFTER the court enters a judgment for legal separation, if you decide you want a divorce, you must start a new case to request a divorce and pay another filing fee.

## Getting help to resolve divorce or legal separation cases

You may prefer to resolve some or all of the issues in your divorce or legal separation case without having the court decide for you. You and your spouse or domestic partner can put your agreement in writing and file it in your case. But your agreement must follow all legal requirements.

### Court Services

- **Family Law Facilitators and Self-Help Centers** help with court forms and instructions. They can provide samples of agreements and other information and, in some cases, help with mediation.
- **Family Court Services.** If you and the other parent already have a family law case and have filed a *Request for Order* (form FL-300) seeking orders about child custody and visitation (parenting time), the court will refer you to Family Court Services. They provide child custody mediation or child custody recommending counseling to try to help you both make a parenting plan that is in the best interest of your child. Note: They cannot help with financial issues.
- **Settlement Conferences.** An informal process in which a judge or an experienced lawyer meets with the parties and their lawyers to discuss the case and their positions and suggests a resolution. The parties can either agree to the suggestions or use the suggestions to help in further settlement discussions.

### Private services (which you can hire to help you resolve your case):

- **Lawyers.** Also called attorneys, lawyers can help work out agreements between the parties and represent you at court hearings and trials.
- **Collaborative Lawyers.** Lawyers who represent each party but do not go to court. They try to reach an agreement. If court is necessary, the parties must hire new lawyers.
- **Mediators.** A lawyer or counselor who helps the parties communicate to explore options and reach a mutually acceptable resolution.

### Where can I get help?

This information sheet gives you only basic information on the divorce or legal separation and is not legal advice. If you want legal advice, ask a lawyer for help. You may also:

- Contact the family law facilitator or self-help center in your court for information, court forms, and referrals to local legal resources. For more information, see [courts.ca.gov/courtresources](https://courts.ca.gov/courtresources).
- Find a lawyer through a certified lawyer referral service on the State Bar of California's website: [calbar.ca.gov/LRS](https://calbar.ca.gov/LRS) or by calling 866-442-2529 (toll-free).
- Hire a private mediator. For more information about court and private services, see [courts.ca.gov/selfhelp-adr.htm](https://courts.ca.gov/selfhelp-adr.htm).
- Find information on the California Courts Online Self-Help Center website: [courts.ca.gov/selfhelp](https://courts.ca.gov/selfhelp).
- Find free and low-cost legal help (if you qualify) at [lawhelpcalifornia.org](https://lawhelpcalifornia.org).
- Find information at your local law library or public library.

### What if there is domestic violence?

If there is domestic violence or a protective or restraining order, talk to a lawyer, counselor, or mediator before making agreements.

For domestic violence help, call the National Domestic Violence Hotline: 800-799-7233; TDD: 800-787-3224; or 211 (if available in your area).

# **SAMPLE FORMS**



**SUMMONS (Family Law)**

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

NOTICE TO RESPONDENT (Name): **YOUR SPOUSE/REGISTERED  
DOMESTIC PARTNER'S NAME**

You have been sued. Read the information below and on the next page.  
*Lo han demandado. Lea la información a continuación y en la página siguiente.*

Petitioner's name is: **YOUR NAME**

Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

**LEAVE BLANK**

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form **FL-120**) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center ([www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local county bar association.

*Tiene 30 días de calendario* después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario **FL-120**) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

*Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.*

*Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)) o poniéndose en contacto con el colegio de abogados de su condado.*

**NOTICE—RESTRaining ORDERS ARE ON PAGE 2:**

These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

**AVISO—LAS ÓRDENES DE RESTRICCIÓN SE**

**ENCUENTRAN EN LA PÁGINA 2:** Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidi la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

**FEE WAIVER:** If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

**EXENCIÓN DE CUOTAS:** Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

1. The name and address of the court are (El nombre y dirección de la corte son):

**Fresno County Superior Court  
1130 "O" Street, Fresno CA  
93724-2220**

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

**YOUR NAME  
YOUR ADDRESS, CITY, STATE, ZIP CODE  
YOUR TELEPHONE NUMBER**

Date (Fecha):

Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

**STANDARD FAMILY LAW RESTRAINING ORDERS**

**Starting immediately, you and your spouse or domestic partner are restrained from:**

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. 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 and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

**NOTICE—ACCESS TO AFFORDABLE HEALTH**

**INSURANCE:** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**WARNING—IMPORTANT INFORMATION**

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

**ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR**

**En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:**

1. llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;
2. cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y
4. crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

**AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:**

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**ADVERTENCIA—INFORMACIÓN IMPORTANTE**

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

# FORM INSTRUCTIONS

FL-100

|                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                |                                                    |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br><b>YOUR NAME</b><br><b>YOUR ADDRESS</b><br><b>CITY, STATE, ZIP CODE</b><br><b>YOUR TELEPHONE NUMBER</b><br>E-MAIL ADDRESS: _____                                                          |  | STATE BAR NUMBER: _____<br><br>STATE: _____ ZIP CODE: _____<br>FAX NO.: _____                                                                                                                                  | SAMPLE<br>ONLY<br>DO NOT<br>WRITE ON<br>THIS COPY! |                                                                                                                                        |
| ATTORNEY FOR (name): _____                                                                                                                                                                                                      |  | NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS                                                                                                             |                                                    |                                                                                                                                        |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____<br>STREET ADDRESS: <b>Fresno County Superior Court</b><br>MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b><br>CITY AND ZIP CODE: <b>93724-2220</b><br>BRANCH NAME: _____        |  |                                                                                                                                                                                                                |                                                    |                                                                                                                                        |
| PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b>                                                                                                                               |  |                                                                                                                                                                                                                |                                                    |                                                                                                                                        |
| PETITION FOR: <b>CHECK THE BOX THAT APPLIES</b><br><input checked="" type="checkbox"/> Dissolution (Divorce) of:<br><input checked="" type="checkbox"/> Legal Separation of:<br><input checked="" type="checkbox"/> Nullity of: |  | <input type="checkbox"/> AMENDED<br><input type="checkbox"/> Marriage Domestic Partnership<br><input type="checkbox"/> Marriage Domestic Partnership<br><input type="checkbox"/> Marriage Domestic Partnership |                                                    | CASE NUMBER: _____<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">LEAVE BLANK</div> |

1. **LEGAL RELATIONSHIP** (check all that apply): PICK WHICH ONE APPLIES TO YOU
  - a. ☒ We are married.
  - b. ☐ We are domestic partners and our domestic partnership was established in California.
  - c. ☐ We are domestic partners and our domestic partnership was NOT established in California.
2. **RESIDENCE REQUIREMENTS** (check all that apply): PICK WHICH ONE APPLIES TO YOU
  - a. ☒ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
  - b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
  - c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not recognize, our marriage. This *Petition* is filed in the county where we married.
3. **STATISTICAL FACTS**
  - a. ☐ (1) Date of marriage (specify): MM/DD/YYYY (2) Date of separation (specify): MM/DD/YYYY  

YEARS MARRIED  
↓  
Years

MONTHS MARRIED  
↓  
Months
  - b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):  

(2) Date of separation (specify):
Years
Months
  - (3) Time from date of registration of domestic partnership to date of separation (specify): Years Months
4. **MINOR CHILDREN**

IF THERE ARE NO MINOR CHILDREN, CHECK BOX a.  
 IF THERE ARE MINOR CHILDREN, CHECK BOX b. AND LIST THE CHILD(REN)'S INFORMATION FROM OLDEST TO YOUNGEST

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

| Child's name    | Birthdate | Age |
|-----------------|-----------|-----|
| CHILD #1'S NAME | BIRTHDATE | AGE |
| CHILD #2'S NAME | BIRTHDATE | AGE |
| CHILD #3'S NAME | BIRTHDATE | AGE |
| CHILD #4'S NAME | BIRTHDATE | AGE |

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

|                                                                                                   |                                                                                                                     |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b> | CASE NUMBER:<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>LEAVE BLANK</b></div> |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

Petitioner requests that the court make the following orders:

**5. LEGAL GROUNDS** (Family Code sections 2200–2210, 2310–2312)

- a. ☒ Divorce or ☐ Legal separation of the marriage or domestic partnership based on (check one):  
 (1) ☒ irreconcilable differences. (2) ☐ permanent legal incapacity to make decisions.

- b. ☐ Nullity of void marriage or domestic partnership based on:  
 (1) ☐ incest. (2) ☐ bigamy.

- c. ☐ Nullity of voidable marriage or domestic partnership based on:

- (1) ☐ petitioner's age at time of registration of domestic partnership or marriage. (4) ☐ fraud.  
 (2) ☐ prior existing marriage or domestic partnership. (5) ☐ force.

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

CHECK THE APPROPRIATE BOX (a., b., OR c.) AND THE APPROPRIATE BOX LABELED (1) THROUGH (6), SEE ITEM 5a. 1) FOR AN EXAMPLE FOR A DIVORCE

IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, YOU MAY PRINT AND ATTACH THESE FORMS

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

- a. Legal custody of children to.....  
 b. Physical custody of children to.....  
 c. Child visitation (parenting time) be granted to.....

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

|             | Petitioner               | Respondent               | Joint                    | Other                    |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Physical in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. CHILD SUPPORT**

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.  
 b. An earnings assignment may be issued without further notice.  
 c. Any party required to pay support currently 10 percent.  
 d. ☐ Other (specify):

CHECK BOX 8a. IF YOU ARE SEEKING A SPOUSAL SUPPORT ORDER  
 CHECK BOX 8b. IF YOU DO NOT WANT TO PAY SPOUSAL SUPPORT TO YOUR SPOUSE/DOMESTIC PARTNER AND/OR IF YOU DO NOT WANT SPOUSAL SUPPORT TO PAID TO YOU  
 CHECK BOX 8c. IF YOU WANT TO RESERVE THE ISSUE OF SPOUSAL SUPPORT SO THAT IT MAY BE ADDRESSED IN THE FUTURE

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

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

CHECK THE BOX THAT APPLIES TO YOU

**9. SEPARATE PROPERTY**

CHECK THE BOX THAT APPLIES. IF BOX b. IS CHECKED, ATTACH FL-160, ATTACHMENT 9b, OR LIST ITEMS BELOW.

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.  
 b. ☐ Confirm as separate property the assets and debts in ☐ Property Declaration (form FL-160). ☐ Attachment 9b.  
☐ the following list.

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

ALSO LIST ANYTHING YOU OR THE OTHER PARTY INHERITED OR RECEIVED AS A GIFT AT ANY TIME AND YOU ARE SEEKING ORDERS REGARDING THAT PROPERTY/DEBT

WRITE THE NAME OF THE PERSON YOU WANT EACH ITEM DESIGNATED TO

|                                                                   |                    |
|-------------------------------------------------------------------|--------------------|
| PETITIONER: <b>YOUR NAME</b>                                      | CASE NUMBER:       |
| RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b> | <b>LEAVE BLANK</b> |

## 10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

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

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

LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS YOU AND THE OTHER PARTY ACCRUED OR EARNED DURING THE MARRIAGE/DOMESTIC PARTNERSHIP (INCLUDING HOUSE, VEHICLES, 401(K), PENSION, CREDIT CARD DEBT, LOANS, ETC.) NO MATTER WHOSE NAME IT IS IN

## 11. OTHER REQUESTS

- a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent
- b. ☒ Petitioner's former name be restored to (specify): **CHECK BOX 11b. AND WRITE YOUR FULL MAIDEN NAME HERE, IF YOU WOULD LIKE IT BACK**
- c. ☒ Other (specify):

IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUESTING, CHECK THIS BOX AND WRITE IT HERE. YOU WILL NEED TO BRIEFLY DESCRIBE THE ORDER REQUESTED

☐ Continued on Attachment 11c.

## 12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME HERE**

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

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

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

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



# FORM INSTRUCTIONS

FL-105/GC-120

|                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>YOUR NAME</b><br/> <b>YOUR ADDRESS</b><br/> <b>CITY, STATE, ZIP CODE</b><br/> <b>YOUR TELEPHONE NUMBER</b> </div> E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name): |  | <b>FOR COURT USE ONLY</b><br><br><div style="border: 2px solid black; padding: 20px; margin: 10px auto; width: 80%;"> <b>SAMPLE<br/>ONLY<br/>DO NOT<br/>WRITE ON<br/>THIS COPY!</b> </div> |  |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF<br>STREET ADDRESS: <b>Fresno County Superior Court</b><br>MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b><br>CITY AND ZIP CODE: <b>93724-2220</b><br>BRANCH NAME:                                                                                                               |  | <b>LEAVE BLANK</b>                                                                                                                                                                         |  |
| (This section applies only to family law cases.)<br>PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b><br>OTHER PARTY:                                                                                                                                                      |  |                                                                                                                                                                                            |  |
| (This section applies only to guardianship cases.)<br>GUARDIANSHIP OF (Name): <b>LEAVE BLANK</b> Minor                                                                                                                                                                                                                     |  |                                                                                                                                                                                            |  |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>                                                                                                                                                                                                                                   |  |                                                                                                                                                                                            |  |

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

|                                                                                                                                                                                                                                     |                                                                                       |                                                                                                                                                                                                               |                                    |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|
| a. Child's name<br><b>OLDEST CHILD'S NAME</b>                                                                                                                                                                                       |                                                                                       | Place of birth<br><b>CITY &amp; STATE WHERE CHILD WAS BORN</b>                                                                                                                                                | Date of birth<br><b>MM/DD/YYYY</b> | Sex<br><b>M or F</b> |
| Period of residence<br><b>MM/DD/YYYY</b> to present                                                                                                                                                                                 | Address<br><input type="checkbox"/> Confidential <b>CURRENT ADDRESS FOR THE CHILD</b> | Person child lived with (name and complete current address)<br><b>NAME &amp; CURRENT ADDRESS OF PERSON CHILD LIVES WITH</b>                                                                                   |                                    |                      |
| Child's residence (City, State)<br><b>MM/DD/YYYY</b>                                                                                                                                                                                |                                                                                       | Relationship<br><b>RELATIONSHIP OF PERSON TO CHILD</b>                                                                                                                                                        |                                    |                      |
| Child's residence (City, State)                                                                                                                                                                                                     |                                                                                       | Person child lived with (name and complete current address)                                                                                                                                                   |                                    |                      |
| Child's residence (City, State)                                                                                                                                                                                                     |                                                                                       | Person child lived with (name and complete current address)                                                                                                                                                   |                                    |                      |
| Child's residence (City, State)                                                                                                                                                                                                     |                                                                                       | Person child lived with (name and complete current address)                                                                                                                                                   |                                    |                      |
| <b>THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES</b><br><br><b>MAKE SURE THE DATES DIAGONAL FROM EACH OTHER MATCH</b>                                                                                             |                                                                                       |                                                                                                                                                                                                               |                                    |                      |
| b. Child's name<br><b>NEXT OLDEST CHILD'S NAME</b>                                                                                                                                                                                  |                                                                                       | Place of birth<br><b>CITY &amp; STATE WHERE CHILD WAS BORN</b>                                                                                                                                                | Date of birth<br><b>MM/DD/YYYY</b> | Sex<br><b>M or F</b> |
| Residence information is the same as given above for child a. (If NOT the same, provide the information below.)<br><input checked="" type="checkbox"/> <b>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</b> |                                                                                       | Person child lived with (name and complete current address)<br><b>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</b> |                                    |                      |
| Child's residence (City, State)                                                                                                                                                                                                     |                                                                                       | Person child lived with (name and complete current address)                                                                                                                                                   |                                    |                      |
| Child's residence (City, State)                                                                                                                                                                                                     |                                                                                       | Person child lived with (name and complete current address)                                                                                                                                                   |                                    |                      |
| Child's residence (City, State)                                                                                                                                                                                                     |                                                                                       | Person child lived with (name and complete current address)                                                                                                                                                   |                                    |                      |
| <b>IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES</b>                                                                        |                                                                                       |                                                                                                                                                                                                               |                                    |                      |
| <b>IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A)</b>                                                                                                                     |                                                                                       |                                                                                                                                                                                                               |                                    |                      |

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

Page 1 of 2

|                                                                                                                                |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| SHORT TITLE: <span style="border: 1px solid black; padding: 2px 10px;"><b>YOUR LAST NAME VS OTHER PARTY'S LAST NAME</b></span> | CASE NUMBER: <span style="border: 1px solid black; padding: 2px 10px;"><b>LEAVE BLANK</b></span> |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

**PRINT YOUR NAME HERE**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME HERE**

(SIGNATURE OF DECLARANT)

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

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

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

|                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                                                                                                                                                                      |  |                                                           |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|---------------------------------------------|
| <div>Child's name</div> <div><div><div></div><div>Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)</div></div></div> <div><div>NEXT OLDEST CHILD'S NAME</div></div> |                                                                                                                 | <div>Place of birth</div> <div><div>CITY &amp; STATE WHERE CHILD WAS BORN</div></div>                                                                                                                                                |  | <div>Date of birth</div> <div><div>MM/DD/YYYY</div></div> | <div>Sex</div> <div><div>M or F</div></div> |
| <div>Period of residence</div> <div><div>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div></div> <div>to</div>                                                                                                           | <div>Present address</div> <div><div><div></div><div>Confidential</div></div><div>Child's residence</div></div> | <div>Person child lived with (name and complete current address)</div> <div><div>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</div></div> |  | <div>Relationship</div>                                   |                                             |
| <div>to</div>                                                                                                                                                                                                                                      | <div>Child's residence (City, State)</div>                                                                      | <div>Person child lived with (name and complete current address)</div>                                                                                                                                                               |  |                                                           |                                             |
| <div>to</div>                                                                                                                                                                                                                                      | <div>Child's residence (City, State)</div>                                                                      | <div>Person child lived with (name and complete current address)</div>                                                                                                                                                               |  |                                                           |                                             |

|                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                                                                                                      |  |                                                                                      |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|---------------------------------------------|
| <div>Child's name</div> <div><div><div></div><div>Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)</div></div></div> <div><div>NEXT OLDEST CHILD'S NAME</div></div> |                                                                                                         | <div>Place of birth</div> <div><div>CITY &amp; STATE WHERE CHILD WAS BORN</div></div>                                                                                                                                                |  | <div>Date of birth</div> <div><div>CITY &amp; STATE WHERE CHILD WAS BORN</div></div> | <div>Sex</div> <div><div>M or F</div></div> |
| <div>Period of residence</div> <div><div>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div></div> <div>to</div>                                                                                                           | <div>Address</div> <div><div><div></div><div>Confidential</div></div><div>Child's residence</div></div> | <div>Person child lived with (name and complete current address)</div> <div><div>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</div></div> |  | <div>Relationship</div>                                                              |                                             |
| <div>to</div>                                                                                                                                                                                                                                      | <div>Child's residence (City, State)</div>                                                              | <div>Person child lived with (name and complete current address)</div>                                                                                                                                                               |  |                                                                                      |                                             |
| <div>to</div>                                                                                                                                                                                                                                      | <div>Child's residence (City, State)</div>                                                              | <div>Person child lived with (name and complete current address)</div>                                                                                                                                                               |  |                                                                                      |                                             |

|                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                                                                                                      |  |                                                                                      |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|---------------------------------------------|
| <div>Child's name</div> <div><div><div></div><div>Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)</div></div></div> <div><div>NEXT OLDEST CHILD'S NAME</div></div> |                                                                                                         | <div>Place of birth</div> <div><div>CITY &amp; STATE WHERE CHILD WAS BORN</div></div>                                                                                                                                                |  | <div>Date of birth</div> <div><div>CITY &amp; STATE WHERE CHILD WAS BORN</div></div> | <div>Sex</div> <div><div>M or F</div></div> |
| <div>Period of residence</div> <div><div>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div></div> <div>to</div>                                                                                                           | <div>Address</div> <div><div><div></div><div>Confidential</div></div><div>Child's residence</div></div> | <div>Person child lived with (name and complete current address)</div> <div><div>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</div></div> |  | <div>Relationship</div>                                                              |                                             |
| <div>to</div>                                                                                                                                                                                                                                      | <div>Child's residence (City, State)</div>                                                              | <div>Person child lived with (name and complete current address)</div>                                                                                                                                                               |  |                                                                                      |                                             |
| <div>to</div>                                                                                                                                                                                                                                      | <div>Child's residence (City, State)</div>                                                              | <div>Person child lived with (name and complete current address)</div>                                                                                                                                                               |  |                                                                                      |                                             |

|                                                                                                                         |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| CASE NAME: <span style="border: 1px solid black; padding: 2px;">PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME</span> | CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">COURT CASE NUMBER</span> |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                    |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Child's name <span style="border: 1px solid black; padding: 2px;">NEXT OLDEST CHILD'S NAME</span><br><input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.) | Place of birth<br><span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span> | Date of birth<br><span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>                            | Sex<br><span style="border: 1px solid black; padding: 2px;">M or F</span> |
| Period of residence<br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</b> </div>                                                                           | Present address<br><input type="checkbox"/> Confidential                                                            | Person child lived with (name and complete current address)                                                        |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Relationship                                                                                                       |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Person child lived with (name and complete current address)                                                        |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Person child lived with (name and complete current address)                                                        |                                                                           |
| Child's name <span style="border: 1px solid black; padding: 2px;">NEXT OLDEST CHILD'S NAME</span><br><input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.) | Place of birth<br><span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span> | Date of birth<br><span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span> | Sex<br><span style="border: 1px solid black; padding: 2px;">M or F</span> |
| Period of residence<br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</b> </div>                                                                           | Address<br><input type="checkbox"/> Confidential                                                                    | Person child lived with (name and complete current address)                                                        |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Relationship                                                                                                       |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Person child lived with (name and complete current address)                                                        |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Person child lived with (name and complete current address)                                                        |                                                                           |
| Child's name <span style="border: 1px solid black; padding: 2px;">NEXT OLDEST CHILD'S NAME</span><br><input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.) | Place of birth<br><span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span> | Date of birth<br><span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span> | Sex<br><span style="border: 1px solid black; padding: 2px;">M or F</span> |
| Period of residence<br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</b> </div>                                                                           | Address<br><input type="checkbox"/> Confidential                                                                    | Person child lived with (name and complete current address)                                                        |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Relationship                                                                                                       |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Person child lived with (name and complete current address)                                                        |                                                                           |
| to                                                                                                                                                                                                                                                            | Child's residence (City, State)                                                                                     | Person child lived with (name and complete current address)                                                        |                                                                           |

Page \_\_\_\_ of \_\_\_\_

# FORM INSTRUCTIONS

FL-140

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><b>YOUR NAME</b><br><b>YOUR ADDRESS</b><br><b>CITY, STATE, ZIP CODE</b><br><b>YOUR TELEPHONE NUMBER</b><br>E-MAIL ADDRESS: _____ FAX NO.: _____<br>ATTORNEY FOR (Name): _____                                                                                                                                                                                                                                                                                               |  | SAMPLE<br>ONLY<br>DO NOT<br>WRITE ON<br>THIS COPY!                                                                           |
| NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                              |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____<br>STREET ADDRESS: <b>Fresno County Superior Court</b><br>MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b><br>CITY AND ZIP CODE: <b>93724-2220</b><br>BRANCH NAME: _____                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                              |
| PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b><br>OTHER PARENT/PARTY: _____                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                              |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> Petitioner's<br/> <input type="checkbox"/> Respondent's         </div> <div style="text-align: center;"> <b>DECLARATION OF DISCLOSURE</b><br/> <input type="checkbox"/> Preliminary<br/> <input type="checkbox"/> Final         </div> <div style="text-align: center;"> <input type="checkbox"/> CHECK WHICH PARTY YOU ARE<br/> <input type="checkbox"/> CHECK WHICH DISCLOSURE YOU ARE MAKING         </div> </div> |  | CASE NUMBER:<br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">LEAVE BLANK</div> |

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

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

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

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

### Attached are the following:

IF YOU COMPLETED A SCHEDULE OF ASSETS AND DEBTS OR PROPERTY DECLARATION FOR COMMUNITY PROPERTY AND/OR SEPARATE PROPERTY, CHECK APPROPRIATE BOX AND SPECIFY THE BOX FOR WHICH TYPE OF PROPERTY

- ☐ A completed Schedule of Assets and Debts (form FL-142) or ☒ A Property Declaration (form FL-160) for (specify):  
☐ Community and Quasi-Community Property **AND/OR** ☐ Separate Property.
- ☒ A completed Income and Expense Declaration (form FL-150) **YOU ARE REQUIRED TO EXCHANGE THIS FORM ONLY TO THE OTHER PARTY, BUT YOU ONLY HAVE TO FILE IT WITH THE COURT IF YOU ARE ASKING FOR SUPPORT ORDERS**
- ☐ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
- ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form). **IF THERE ARE NO COMMUNITY ASSETS, CHECK BOX 4 AND WRITE "NO ASSETS"; IF THERE ARE ASSETS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE**
- ☐ A statement of all material facts and information regarding obligations for which the community is liable (not a form). **IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS"; IF THERE ARE DEBTS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE**
- ☐ An accurate and complete written disclosure of any investment, significant business, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form). **IF THERE ARE NO INVESTMENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS BOX AND WRITE "NO BUSINESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY, DESCRIBE IT HERE OR IN AN ATTACHMENT**

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

**SIGN YOUR NAME HERE**

(TYPE OR PRINT NAME)

SIGNATURE

Page 1 of 1



# FORM INSTRUCTIONS

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

|                                                                                                                                                                                                           |  |                                                                                            |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br><b>YOUR NAME</b><br><b>YOUR ADDRESS</b><br><b>CITY, STATE, ZIP CODE</b>                                                                         |  | TELEPHONE NO.:                                                                             | <b>SAMPLE ONLY</b><br><b>DO NOT WRITE ON</b><br><b>THIS COPY!</b> |
| ATTORNEY FOR (Name):                                                                                                                                                                                      |  |                                                                                            |                                                                   |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>FRESNO</b>                                                                                                                                                     |  |                                                                                            |                                                                   |
| PETITIONER: <b>YOUR NAME</b>                                                                                                                                                                              |  |                                                                                            |                                                                   |
| RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b>                                                                                                                                         |  |                                                                                            |                                                                   |
| <b>SCHEDULE OF ASSETS AND DEBTS</b><br><input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's    ← <div style="border:1px solid black; padding:2px;">CHECK WHICH PARTY YOU ARE</div> |  | CASE NUMBER:<br><div style="border:1px solid black; padding:2px;"><b>LEAVE BLANK</b></div> |                                                                   |

**- INSTRUCTIONS -**

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

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

| ITEM NO.                                                                                                                        | ASSETS DESCRIPTION                                                                                                                         | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------------------------------|-------------------------------------|
| 1. REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i> | <div style="border:1px solid black; padding:5px; text-align:center;"><b>LIST EACH ADDRESS</b></div>                                        | ↓         |               | \$                              | \$                                  |
| 2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>                                                              | <div style="border:1px solid black; padding:5px; text-align:center;"><b>DESCRIBE THE SPECIFIC PIECES/ ITEMS YOU NEED DISTRIBUTED</b></div> |           |               |                                 |                                     |
| 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>                                                            |                                                                                                                                            |           |               |                                 |                                     |

**LIST THE ASSETS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING RECEIVED FROM ANY INHERITANCE OR GIFT (AT ANY TIME); AND ANYTHING DURING THE MARRIAGE**  
  
**NOTE: IF THERE IS NONE, PUT "N/A, OR NONE," UNDER THAT CATEGORY**

Page 1 of 4

| ITEM NO. | ASSETS DESCRIPTION                                                                                                                                                                                                                                  | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------------------------------|-------------------------------------|
| 4.       | VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i><br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">LIST THE YEAR, MAKE, MODEL, VIN #, ETC.</div>                      |           |               | \$                              | \$                                  |
| 5.       | SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i><br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">LIST THE BANK NAME AND ACCOUNT #</div> |           |               |                                 |                                     |
| 6.       | CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i><br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">LIST THE BANK NAME AND ACCOUNT #</div>     |           |               |                                 |                                     |
| 7.       | CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>                                                                                                                           |           |               |                                 |                                     |
| 8.       | CASH <i>(Give location.)</i>                                                                                                                                                                                                                        |           |               |                                 |                                     |
| 9.       | TAX REFUND                                                                                                                                                                                                                                          |           |               |                                 |                                     |
| 10.      | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>                                                                                                                                          |           |               |                                 |                                     |

CONTINUE LISTING THE ITEMS AND THE APPROPRIATE MONETARY AMOUNTS

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

| ITEM NO. | DEBTS-SHOW TO WHOM OWED                                                                                         | SEP. PROP                                                                                                                                                                                                                                         | TOTAL OWING | DATE INCURRED |
|----------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
|          |                                                                                                                 |                                                                                                                                                                                                                                                   | \$          |               |
| 19.      | STUDENT LOANS <i>(Give details.)</i>                                                                            | <div style="border: 1px solid black; padding: 5px;"> <p><b>LIST THE DEBTS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING DURING THE MARRIAGE</b></p> <p><b>NOTE: IF THERE IS NONE, PUT "N/A, OR NONE," UNDER THAT CATEGORY</b></p> </div> |             |               |
| 20.      | TAXES <i>(Give details.)</i>                                                                                    |                                                                                                                                                                                                                                                   |             |               |
| 21.      | SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>                                             |                                                                                                                                                                                                                                                   |             |               |
| 22.      | LOANS - UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>                  |                                                                                                                                                                                                                                                   |             |               |
| 23.      | CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i> |                                                                                                                                                                                                                                                   |             |               |
| 24.      | OTHER DEBTS <i>(Specify.):</i>                                                                                  |                                                                                                                                                                                                                                                   |             |               |
|          |                                                                                                                 | <div style="border: 1px solid black; padding: 2px;"> <b>TOTAL THE DEBT AMOUNTS IN THIS COLUMN</b> </div>                                                                                                                                          |             |               |
| 25.      | TOTAL DEBTS FROM CONTINUATION SHEET                                                                             |                                                                                                                                                                                                                                                   |             |               |
|          |                                                                                                                 |                                                                                                                                                                                                                                                   | \$          | ↓             |
| 26.      | TOTAL DEBTS                                                                                                     |                                                                                                                                                                                                                                                   |             |               |

27. ☐ *(Specify number):* \_\_\_\_\_ pages are attached as continuation sheets.

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME HERE**

(SIGNATURE OF DECLARANT)

# FORM INSTRUCTIONS

FL-150

|                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                          |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br>NAME: <b>YOUR NAME</b><br>FIRM: <b>YOUR ADDRESS</b><br>STREET: <b>CITY, STATE, ZIP CODE</b><br>CITY: <b>YOUR TELEPHONE NUMBER</b><br>TELEPHONE: <b>YOUR ADDRESS</b><br>E-MAIL ADDRESS: <b>NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS</b><br>ATTORNEY FOR (name): |  | STATE BAR NUMBER:<br><br>STATE: ZIP CODE:<br>FAX NO.:                                                    | FOR COURT USE ONLY<br><br><div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;">           SAMPLE<br/>ONLY<br/>DO NOT<br/>WRITE ON<br/>THIS COPY!         </div> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF<br>STREET ADDRESS: <b>Fresno County Superior Court</b><br>MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b><br>CITY AND ZIP CODE: <b>93724-2220</b><br>BRANCH NAME:                                                                                                                                                   |  | CASE NUMBER:<br><div style="border: 1px solid black; padding: 5px; font-weight: bold;">LEAVE BLANK</div> |                                                                                                                                                                                                     |
| PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b><br>OTHER PARTY/PARENT/CLAIMANT:                                                                                                                                                                                                                              |  |                                                                                                          |                                                                                                                                                                                                     |
| <b>INCOME AND EXPENSE DECLARATION</b>                                                                                                                                                                                                                                                                                                                          |  |                                                                                                          |                                                                                                                                                                                                     |

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

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attach copies of your pay stubs for last two months (black out Social Security numbers). | a. Employer:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour. | <div style="border: 1px solid black; padding: 5px;">           FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED<br/><br/>           (NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)         </div> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**2. Age and education**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. My age is (specify): <b>YOUR AGE</b><br>b. I have completed high school or the equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed (specify): <b>GRADE FINISHED</b><br>c. Number of years of college completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): <b>DEGREE EARNED</b><br>d. Number of years of graduate school completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): <b>DEGREE EARNED</b><br>e. I have: <input checked="" type="checkbox"/> professional/occupational license(s) (specify): <b>LICENSES EARNED</b><br><input type="checkbox"/> vocational training (specify): <b>JOB TRAINING COMPLETED</b> | <div style="border: 1px solid black; padding: 5px;">           TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED.         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)         </div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**3. Tax information**

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

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

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

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

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME HERE**

(SIGNATURE OF DECLARANT)

Page 1 of 4

|                                                                   |                    |
|-------------------------------------------------------------------|--------------------|
| PETITIONER: <b>YOUR NAME</b>                                      | CASE NUMBER:       |
| RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b> | <b>LEAVE BLANK</b> |
| OTHER PARTY/PARENT/CLAIMANT:                                      |                    |

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

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

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

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

|                                                                                       |                                                                                                                  |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE THAT APPLIES</b> | <b>IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE THAT APPLIES</b> |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

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

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

|                                                                                          |
|------------------------------------------------------------------------------------------|
| <b>LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA</b> |
|------------------------------------------------------------------------------------------|

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

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

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

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

10. **Deductions**

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

|                                                                                                          |
|----------------------------------------------------------------------------------------------------------|
| <b>FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK</b> |
|----------------------------------------------------------------------------------------------------------|

11. **Assets**

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

|              |
|--------------|
| <b>Total</b> |
|--------------|

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

|                                                                   |                    |
|-------------------------------------------------------------------|--------------------|
| PETITIONER: <b>YOUR NAME</b>                                      | CASE NUMBER:       |
| RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b> | <b>LEAVE BLANK</b> |
| OTHER PARTY/PARENT/CLAIMANT:                                      |                    |

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

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

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

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

a. Home:

(1) ☐ Rent or ☐ mortgage..... \$

If mortgage:

(a) average principal: \$

(b) average interest: \$

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

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

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

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

c. Child care..... \$

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

e. Eating out..... \$

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

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

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

i. ... \$

j. ... \$

k. ... \$

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

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

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

o. Charitable contributions..... \$

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

q. Other (specify): \$

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

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

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

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

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

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

**WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS**

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

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

I confirm this fee arrangement.

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

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

**DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15**

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

|                                                                   |                    |
|-------------------------------------------------------------------|--------------------|
| PETITIONER: <b>YOUR NAME</b>                                      | CASE NUMBER:       |
| RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b> | <b>LEAVE BLANK</b> |
| OTHER PARTY/PARENT/CLAIMANT:                                      |                    |

**CHILD SUPPORT INFORMATION****(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**
**WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM**

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

**IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE**
**EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M**
**17. Children's health-care expenses**

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

b. Name of insurance company:

c. Address of insurance company:

**CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN.**
**IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS**

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

**18. Additional expense for the children in this case**

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

Amount per month

\$

**WRITE IN ANY OTHER EXPENSES IF IT APPLIES**
**19. Special hardships.** I ask the court to consider the following special financial circumstances (*attach documentation of any item listed here, including court orders*):

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

- a. Extraordinary health expenses not included in 18b.....
- b. Major losses not covered by insurance (*examples: fire, theft, other insured loss*).....
- c. (1) Expenses for my minor children who are from other relationships and are living with me.....
- (2) Names and ages of those children (*specify*):

Amount per month

\$

For how many months?

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

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

**EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP**
**20. Other information I want the court to know concerning support in my case (*specify*):**
**WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE**

# FORM INSTRUCTIONS

FL-115

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>PARTY WITHOUT ATTORNEY or ATTORNEY</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>YOUR NAME</b><br/> <b>YOUR ADDRESS</b><br/> <b>CITY, STATE, ZIP CODE</b><br/> <b>YOUR TELEPHONE NUMBER</b> </div> <p>STATE BAR NO.: _____</p> <p>STATE: _____ ZIP CODE: _____</p> <p>FAX NO.: _____</p> <p>ATTORNEY FOR (name): _____</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS: <b>Fresno County Superior Court</b></p> <p>MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b></p> <p>CITY AND ZIP CODE: <b>93724-2220</b></p> <p>BRANCH NAME: _____</p> <p>PETITIONER: <b>YOUR NAME</b></p> <p>RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b></p> | <p><i>FOR COURT USE ONLY</i></p> <div style="border: 1px solid black; padding: 20px; margin: 10px auto; width: 80%;"> <p><b>SAMPLE</b></p> <p><b>ONLY</b></p> <p><b>DO NOT</b></p> <p><b>WRITE ON</b></p> <p><b>THIS COPY!</b></p> </div> <p>CASE NUMBER: <b>LEAVE BLANK</b></p> |
| <p><b>PROOF OF SERVICE OF SUMMONS</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. ☒ Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
- or-
- b. ☐ Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)
- or-
- c. ☐ Custody and Support: *Petition* (form FL-300), *Summons* (form FL-210), and blank *Response to Petition* (form FL-320)
- MARK THE BOXES OF ANY ATTACHED FORMS THAT WERE SERVED TO THE OTHER PARTY**
- and
- d. (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
- (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (6) ☐ Completed and blank *Property Declaration* (form FL-160)
- (7) ☐ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (8) ☐ Other (specify): \_\_\_\_\_

2. Address where respondent was served:

**THE SERVER WRITES IN THE ADDRESS WHERE THE OTHER PARTY WAS SERVED A COPY OF THE DOCUMENTS LISTED ABOVE**

3. I served the respondent by the following means (check proper boxes):

- a. ☒ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)
- on (date): **DATE OF PERSONAL SERVICE** at (time): **TIME OF PERSONAL SERVICE (INCLUDE AM/PM)**
- b. ☒ **Substituted service.** I left the copies with or in the presence of (name): \_\_\_\_\_ who is (specify title or relationship to respondent): \_\_\_\_\_
- (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
- (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.

on (date): \_\_\_\_\_

at (time): \_\_\_\_\_

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_

A declaration of diligence is attached, stating the actions taken to first attempt personal service.

**FILL OUT SECTION 3a., OR 3b., OR 3c.. FOR METHOD OF SERVICE**

## PROOF OF SERVICE OF SUMMONS

(Family Law—Uniform Parentage—Custody and Support)

|                                                                   |                                                                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PETITIONER: <b>YOUR NAME</b>                                      | CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">LEAVE BLANK</div> |
| RESPONDENT: <b>YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME</b> |                                                                                                           |

3. c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. ☐ **Other** (specify code section): \_\_\_\_\_
- ☐ Continued on Attachment 3d.

FILL OUT SECTION 3a., **OR** 3b., **OR** 3c.. FOR **METHOD OF SERVICE**

#### 4. Person who served papers

 Name: 

NAME OF SERVER (SOMEONE OVER THE AGE OF 18 WHO SERVES THE PAPERS TO THE OTHER PARTY)

Address:

SERVER'S ADDRESS  
CITY, STATE, ZIP CODE

Telephone number:

SERVER'S PHONE NUMBER

This person is

CHECK ONE

- a. ☐ ~~exempt from registration under Business and Professions Code section 22350(b).~~
- b. ☐ ~~not a registered California process server.~~
- c. ☐ ~~a registered California process server:~~ ☐ an employee or ☐ an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- d. The fee for service was (specify): \$ \_\_\_\_\_

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

CHECK ONE

 -or-

6. ☐ ~~I am a California sheriff, marshal, or constable,~~ and I certify that the foregoing is true and correct.

 Date: 

DATE SERVER SIGNS

SERVER PRINTS THEIR NAME HERE

(NAME OF PERSON WHO SERVED PAPERS)

SERVER SIGNS HERE

(SIGNATURE OF PERSON WHO SERVED PAPERS)

# **BLANK FORMS**

**(To be Completed)**



**SUMMONS (Family Law)****CITACIÓN (Derecho familiar)**FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

You have been sued. Read the information below and on the next page.  
 Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name is:

Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form **FL-120**) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center ([www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local county bar association.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario **FL-120**) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)) o poniéndose en contacto con el colegio de abogados de su condado.

**NOTICE—RESTRaining ORDERS ARE ON PAGE 2:**

These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

**AVISO—LAS ÓRDENES DE RESTRICCIÓN SE**

**ENCUENTRAN EN LA PÁGINA 2:** Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

**FEE WAIVER:** If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

**EXENCIÓN DE CUOTAS:** Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

(SEAL)

1. The name and address of the court are (El nombre y dirección de la corte son):

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

Date (Fecha):

Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

Page 1 of 2

**STANDARD FAMILY LAW RESTRAINING ORDERS**

**Starting immediately, you and your spouse or domestic partner are restrained from:**

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. 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 and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

**NOTICE—ACCESS TO AFFORDABLE HEALTH**

**INSURANCE:** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**WARNING—IMPORTANT INFORMATION**

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

**ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR**

**En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:**

1. llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;
2. cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y
4. crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

**AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:**

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**ADVERTENCIA—INFORMACIÓN IMPORTANTE**

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

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

1. **LEGAL RELATIONSHIP** *(check all that apply):*
  - a. ☐ We are married.
  - b. ☐ We are domestic partners and our domestic partnership was established in California.
  - c. ☐ We are domestic partners and our domestic partnership was NOT established in California.
2. **RESIDENCE REQUIREMENTS** *(check all that apply):*
  - a. ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. *(For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)*
  - b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
  - c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.  
 Petitioner lives in *(specify):* Respondent lives in *(specify):*
3. **STATISTICAL FACTS**
  - a. ☐ (1) Date of marriage *(specify):* (2) Date of separation *(specify):*  
 (3) Time from date of marriage to date of separation *(specify):* Years Months
  - b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent *(specify below):*  
 (2) Date of separation *(specify):*  
 (3) Time from date of registration of domestic partnership to date of separation *(specify):* Years Months
4. **MINOR CHILDREN**
  - a. ☐ There are no minor children.
  - b. ☐ The minor children are:  

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

|             |              |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: |              |

**Petitioner requests that the court make the following orders:**

**5. LEGAL GROUNDS** (Family Code sections 2200–2210, 2310–2312)

- a. ☐ Divorce or ☐ Legal separation of the marriage or domestic partnership based on (*check one*):  
 (1) ☐ irreconcilable differences. (2) ☐ permanent legal incapacity to make decisions.
- b. ☐ Nullity of void marriage or domestic partnership based on  
 (1) ☐ incest. (2) ☐ bigamy.
- c. ☐ Nullity of voidable marriage or domestic partnership based on  
 (1) ☐ petitioner's age at time of registration of domestic partnership or marriage. (4) ☐ fraud.  
 (2) ☐ prior existing marriage or domestic partnership. (5) ☐ force.  
 (3) ☐ unsound mind. (6) ☐ physical incapacity.

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

- a. Legal custody of children to.....
- b. Physical custody of children to.....
- c. Child visitation (parenting time) be granted to .....

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

Petitioner Respondent Joint Other

|                                                |                          |                          |                          |
|------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> form <u>FL-341(C)</u> |                          |                          |                          |
| <input type="checkbox"/> Attachment 6c(1)      |                          |                          |                          |

**7. CHILD SUPPORT**

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. ☐ Other (*specify*):

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

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

**9. SEPARATE PROPERTY**

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
- b. ☐ Confirm as separate property the assets and debts in ☐ *Property Declaration* (form FL-160). ☐ *Attachment 9b*.  
☐ the following list. Item Confirm to

|             |              |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: |              |

**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

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

**11. OTHER REQUESTS**

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

☐ Continued on [Attachment 11c](#).

**12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.**

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 PETITIONER)

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)  \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

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

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

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



|                                                                                                                                                                                                                       |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:                                                                                       | CASE NUMBER:              |
| (This section applies only to family law cases.)<br><br>PETITIONER:<br>RESPONDENT:<br>OTHER PARTY:                                                                                                                    |                           |
| (This section applies only to guardianship cases.)<br><br>GUARDIANSHIP OF (Name): _____ Minor                                                                                                                         |                           |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY<br/>JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>                                                                                                                          |                           |

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

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

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

|                       |                       |
|-----------------------|-----------------------|
| SHORT TITLE:<br>_____ | CASE NUMBER:<br>_____ |
|-----------------------|-----------------------|

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

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

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

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

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

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

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

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

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

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

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

|                    |                      |
|--------------------|----------------------|
| CASE NAME:<br><br> | CASE NUMBER:<br><br> |
|--------------------|----------------------|

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

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

  

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

  

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

Page \_\_\_\_ of \_\_\_\_

|                    |                      |
|--------------------|----------------------|
| CASE NAME:<br><br> | CASE NUMBER:<br><br> |
|--------------------|----------------------|

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

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

  

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

  

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

Page \_\_\_\_ of \_\_\_\_

|                                                                                                                                                                                        |  |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):                                                                                                              |  |              |
| TELEPHONE NO.: FAX NO.:                                                                                                                                                                |  |              |
| E-MAIL ADDRESS:                                                                                                                                                                        |  |              |
| ATTORNEY FOR (Name):                                                                                                                                                                   |  |              |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF                                                                                                                                                |  |              |
| STREET ADDRESS:                                                                                                                                                                        |  |              |
| MAILING ADDRESS:                                                                                                                                                                       |  |              |
| CITY AND ZIP CODE:                                                                                                                                                                     |  |              |
| BRANCH NAME:                                                                                                                                                                           |  |              |
| PETITIONER:                                                                                                                                                                            |  |              |
| RESPONDENT:                                                                                                                                                                            |  |              |
| OTHER PARENT/PARTY:                                                                                                                                                                    |  |              |
| <b>DECLARATION OF DISCLOSURE</b><br><input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Respondent's <input type="checkbox"/> Final |  | CASE NUMBER: |

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

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

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

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

**Attached are the following:**

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

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

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
 SIGNATURE



**THIS FORM SHOULD NOT BE FILED WITH THE COURT**

FL-142

|                                                                                                                    |  |                |
|--------------------------------------------------------------------------------------------------------------------|--|----------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):                                                             |  | TELEPHONE NO.: |
|                                                                                                                    |  |                |
| ATTORNEY FOR (Name):                                                                                               |  |                |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>                                                                     |  |                |
| PETITIONER:                                                                                                        |  |                |
| RESPONDENT:                                                                                                        |  |                |
| <b>SCHEDULE OF ASSETS AND DEBTS</b><br><input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's |  | CASE NUMBER:   |

**- INSTRUCTIONS -**

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

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

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

Page 1 of 4

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

| ITEM NO. | ASSETS DESCRIPTION                                                                                                                             | SEP. PROP. | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|---------------------------------|-------------------------------------|
| 11.      | STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS<br><i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i> |            |               | \$                              | \$                                  |
| 12.      | RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>                                    |            |               |                                 |                                     |
| 13.      | PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>                                               |            |               |                                 |                                     |
| 14.      | ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>                                                                          |            |               |                                 |                                     |
| 15.      | PARTNERSHIPS AND OTHER BUSINESS INTERESTS<br><i>(Attach copy of most current K-1 form and Schedule C.)</i>                                     |            |               |                                 |                                     |
| 16.      | OTHER ASSETS                                                                                                                                   |            |               |                                 |                                     |
| 17.      | TOTAL ASSETS FROM CONTINUATION SHEET                                                                                                           |            |               |                                 |                                     |
| 18.      | TOTAL ASSETS                                                                                                                                   |            |               | \$                              | \$                                  |

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

27. ☐ *(Specify number):* \_\_\_\_\_ pages are attached as continuation sheets.

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

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

|                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attach copies of your pay stubs for last two months (black out Social Security numbers). | a. Employer:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour. |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**2. Age and education**

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

**3. Tax information**

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

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

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

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

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

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/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. *(Black out your Social Security number on the pay stub and tax return.)*

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

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

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

|                                   |    |  |
|-----------------------------------|----|--|
| a. Dividends/interest.....        | \$ |  |
| b. Rental property income.....    | \$ |  |
| c. Trust income.....              | \$ |  |
| d. Other <i>(specify)</i> : ..... | \$ |  |

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

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

Number of years in this business *(specify)*:

Name of business *(specify)*:

Type of business *(specify)*:

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

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

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

10. **Deductions**

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

11. **Assets**

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

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

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

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

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

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

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

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

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

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

I confirm this fee arrangement.

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

 \_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)

 \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

|                                                            |              |
|------------------------------------------------------------|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

### CHILD SUPPORT INFORMATION

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

#### 16. Number of children

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

#### 17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be (specify): \$ \_\_\_\_\_  
 (Do not include the amount your employer pays.)

#### 18. Additional expense for the children in this case

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

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

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

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

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

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

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

|                                                                                                                                                                                     |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PARTY WITHOUT ATTORNEY <i>or</i> ATTORNEY<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:                                                         |                           |
| PETITIONER:<br><br>RESPONDENT:                                                                                                                                                      |                           |
| <b>PROOF OF SERVICE OF SUMMONS</b>                                                                                                                                                  | CASE NUMBER:              |

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. ☐ Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
  - or-
  - b. ☐ Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)
  - or-
  - c. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - d. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
  - (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
  - (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
  - (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
  - (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (6) ☐ Completed and blank *Property Declaration* (form FL-160)
  - (7) ☐ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
  - (8) ☐ Other (specify):
2. Address where respondent was served:
3. I served the respondent by the following means (check proper boxes):
- a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)  
 on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
  - b. ☐ **Substituted service.** I left the copies with or in the presence of (name): \_\_\_\_\_  
 who is (specify title or relationship to respondent): \_\_\_\_\_  
 (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.  
 (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers.  
 on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_  
 A declaration of diligence is attached, stating the actions taken to first attempt personal service.

|             |              |
|-------------|--------------|
| PETITIONER: | CASE NUMBER: |
| RESPONDENT: |              |

3. c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. ☐ **Other** (specify code section): \_\_\_\_\_
- ☐ Continued on Attachment 3d.

4. **Person who served papers**

Name:

Address:

Telephone number:

This person is

- a. ☐ exempt from registration under Business and Professions Code section 22350(b).
- b. ☐ not a registered California process server.
- c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- d. The fee for service was (specify): \$ \_\_\_\_\_
5. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. ☐ I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(NAME OF PERSON WHO SERVED PAPERS)



\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED PAPERS)

**LEAVE FORMS  
FL-120 &  
FL-335 BLANK  
FOR THE  
RESPONDENT**



a. ☐ We are married.

b. ☐ We are domestic partners and our domestic partnership was established in California.

c. ☐ We are domestic partners and our domestic partnership was NOT established in California.

a. ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)

b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.

Petitioner lives in (specify): \_\_\_\_\_ Respondent lives in (specify): \_\_\_\_\_

a. ☐ (1) Date of marriage (*specify*): \_\_\_\_\_ (2) Date of separation (*specify*): \_\_\_\_\_  
 (3) Time from date of marriage to date of separation (*specify*): \_\_\_\_\_ Years \_\_\_\_\_ Months

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

a. ☐ There are no minor children.

b. ☐ The minor children are:

| Child's name | Birthdate | Age |
|--------------|-----------|-----|
|--------------|-----------|-----|

- Page 1 of 3

|                            |              |
|----------------------------|--------------|
| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

**Respondent requests that the court make the following orders:**

**5. LEGAL GROUNDS** (Family Code sections 2200–2210; 2310–2312)

- a. ☐ **Respondent contends** that the parties never legally married or registered a domestic partnership.
- b. ☐ **Respondent denies** the grounds set forth in item 5 of the petition.
- c. ☐ **Respondent requests**
  - (1) ☐ Divorce ☐ Legal separation of the marriage or domestic partnership based on
    - (a) ☐ irreconcilable differences. (b) ☐ permanent legal incapacity to make decisions.
  - (2) ☐ Nullity of void marriage or domestic partnership based on
    - (a) ☐ incest. (b) ☐ bigamy.
  - (3) ☐ Nullity of voidable marriage or domestic partnership based on
    - (a) ☐ respondent's age at time of registration of domestic partnership or marriage. (d) ☐ fraud.
    - (b) ☐ prior existing marriage or domestic partnership. (e) ☐ force.
    - (c) ☐ unsound mind. (f) ☐ physical incapacity.

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

**Petitioner    Respondent    Joint    Other**

- |                                                          |                          |                          |                          |                          |
|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in ☐ form FL-311    ☐ form FL-312    ☐ form FL-341(C)  
☐ form FL-341(D)    ☐ form FL-341(E)    ☐ Attachment 6c(1)

**7. CHILD SUPPORT**

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. ☐ Other (*specify*):

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

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

**9. SEPARATE PROPERTY**

- a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
- b. ☐ Confirm as separate property the assets and debts in ☐ Property Declaration (form FL-160). ☐ Attachment 9b.  
☐ the following list. Item Confirm to

|                            |              |
|----------------------------|--------------|
| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|----------------------------|--------------|

**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

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

**11. OTHER REQUESTS**

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

☐ Continued on [Attachment 11c](#).

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

Date:

|                               |   |                                    |
|-------------------------------|---|------------------------------------|
| _____<br>(TYPE OR PRINT NAME) | ▶ | _____<br>(SIGNATURE OF RESPONDENT) |
|-------------------------------|---|------------------------------------|

Date:

|                               |   |                                                 |
|-------------------------------|---|-------------------------------------------------|
| _____<br>(TYPE OR PRINT NAME) | ▶ | _____<br>(SIGNATURE OF ATTORNEY FOR RESPONDENT) |
|-------------------------------|---|-------------------------------------------------|

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

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

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

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



**FOR COURT USE ONLY**

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

## SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT/PARTY:

CASE NUMBER:

(If applicable, provide):

HEARING DATE:

HEARING TIME:

DEPT.:

### PROOF OF SERVICE BY MAIL

**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 served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. 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)

