

Instructions for Starting Petition for Custody & Support of Minor Children

WHEN TO USE THIS PACKET:

Use this packet, if you are married but are not ready to file for Divorce or Legal Separation or if you are not married to the other parent (where paternity has already been established) and you want to:

- **Obtain Orders for Custody and Visitation**
- **Obtain Orders for Support**

NOTE: If there is already a Family Support case opened by the Department of Child Support Services, you can get the same orders without filling out these forms. Please speak to an attorney or to the Fresno Superior Court's Self-Help Center for other options.

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 FILE:

1. The following forms in this packet are to be completed to **open a case**. Opening the case is the **FIRST** step in obtaining orders for custody, visitation and/or support.
 - a. **Forms to be completed by petitioner:**
 - ☐ FL-210 Summons
 - ☐ FL-260 Petition for Custody and Support of Minor Children
 - ☐ FL-105 Declaration Under (UCCJEA)
 - b. **Form to be completed by server:**
 - ☐ FL-115 Proof of Service of Summons
2. The **SECOND** step is to complete a **Request for Order** packet (available as a separate packet) to ask the court for custody, visitation and/or support orders.
3. Make two (2) **additional** copies of each form you fill out and any attachments you are including.
4. Submit the original documents and two copies of all your forms to the court for filing. One copy will be for you; another copy will be for the other party; and the original is for the court. A large self-addressed stamped envelope needs to be included as well so that your copies can be mailed back to you.
5. Once the documents are filed by the court, you will be assigned a case number.
6. After you receive your filed stamped copies back from the court, a copy must be served on the other party along with a blank **FL-270**.
7. A "**Proof of Service of Summons**" (**FL-115**) must be completed by the person who served the other party. Then the proof of service form must be filed with the court.

SAMPLE FORMS

FORM INSTRUCTIONS

FL-210

SUMMONS

(Parentage—Custody and Support)

CITACIÓN (Paternidad—Custodia y Manutención)

NOTICE TO RESPONDENT (Name): **THE OTHER PARENT'S 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: **YOUR NAME**
El nombre del demandante:

CASE NUMBER: (Número de caso)

LEAVE BLANKFOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)**SAMPLE
ONLY
DO NOT
WRITE ON
THIS COPY!**

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) 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.

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

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

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), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

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), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: *The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

AVISO: *La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidia la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla 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 petitioner's attorney, or petitioner without an attorney, are: (El nombre, la dirección y el 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)

Page 1 of 2

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.

Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despidan la petición o la corte dé otras órdenes.

Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.

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 toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO — ACCESO A SEGURA DE SALUD MÁS ECONOMICO 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 al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

FORM INSTRUCTIONS

FL-260

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:		FOR COURT USE ONLY	
YOUR NAME				SAMPLE ONLY DO NOT WRITE ON THIS COPY!	
YOUR ADDRESS					
CITY, STATE, ZIP CODE		STATE: ZIP CODE:			
YOUR TELEPHONE NUMBER		FAX NO.:			
E-MAIL ADDRESS:		NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS			
ATTORNEY FOR (name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO					
STREET ADDRESS:		1130 "O" Street			
MAILING ADDRESS:		Fresno, CA 93724-220			
CITY AND ZIP CODE:		B.F. SISK COURTHOUSE			
BRANCH NAME:					
PETITIONER:		YOUR NAME			
RESPONDENT:		THE OTHER PARENT'S NAME			
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN				CASE NUMBER: LEAVE BLANK	
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.					

1. I am the petitioner. The respondent and I are the parents of the following minor children:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
CHILD #1'S NAME	BIRTHDATE	AGE
CHILD #2'S NAME	BIRTHDATE	AGE
CHILD #3'S NAME	BIRTHDATE	AGE
CHILD #4'S NAME	BIRTHDATE	AGE

☐ continued on Attachment 1.

CHECK THE BOX THAT APPLIES TO YOU

2. Choose at least one box below to explain why you are using this form:

- a. ☐ I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. ☐ Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. ☐ Respondent and I have legally adopted a child together.
- d. ☐ Respondent and I have been determined to be the parents in juvenile court or governmental child support.

Case number:

County:

State:

Country (if not the United States):

3. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

4. **Child custody and visitation (parenting time).** I request the following orders:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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. Visitation (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is (specify): | | | | |

The proposed schedule for visitation (parenting time) is as follows:

**CHECK A BOX FOR B, C,
AND/OR D TO TELL THE
COURT WHO YOU WANT
TO HAVE LEGAL CUSTODY,
AND PHYSICAL CUSTODY
OF THE CHILD(REN) AS
WELL AS VISITATION**

**DESCRIBE THE VISITATION
SCHEDULE YOU ARE REQUESTING**

☐ See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

Page 1 of 2

PETITIONER: YOUR NAME	CASE NUMBER: LEAVE BLANK
RESPONDENT: THE OTHER PARENT'S NAME	

4. e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.
 f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.
 g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.
 h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.
 i. ☐ I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

**CHECK THE BOXES IF
YOU USE ANY OF THESE
OPTIONAL FORMS**

☐ Continued on Attachment 4h.

j. ☐ Other (specify):

**IF YOU ARE REQUESTING AN
ORDER FOR ATTORNEY FEES,
CHECK THE APPROPRIATE BOX.**

5. **Fees and cost of litigation**

- a. Attorney fees will be paid by ☐ petitioner ☐ respondent.
 b. ☐ Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (specify):

8. I have read the restraining order on the back of the *Summons (Uniform Parentage—Petition for Custody and Support)* (form FL-210) that is being filed with this petition, and I understand that it applies 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)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

FORM INSTRUCTIONS

FL-105/GC-120

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <div style="border: 2px solid red; padding: 5px; margin: 5px;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER </div> <p>FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: Fresno County Superior Court</p> <p>MAILING ADDRESS: 1130 "O" Street, Fresno CA</p> <p>CITY AND ZIP CODE: 93724-2220</p> <p>BRANCH NAME:</p> <p>(This section applies only to family law cases.)</p> <p>PETITIONER: YOUR NAME</p> <p>RESPONDENT: THE OTHER PARTY'S NAME</p> <p>OTHER PARTY:</p> <p>(This section applies only to guardianship cases.)</p> <p>GUARDIANSHIP OF (Name): LEAVE BLANK Minor</p> <p>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</p>	<p>FOR COURT USE ONLY</p> <div style="border: 2px solid red; padding: 20px; margin: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div> <p>CASE NUMBER:</p> <div style="border: 2px solid red; padding: 5px; margin: 5px; font-size: 18px; font-weight: bold;"> LEAVE BLANK </div>
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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.)

<p>a. Child's name</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> OLDEST CHILD'S NAME </div>	<p>Place of birth</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> CITY & STATE WHERE CHILD WAS BORN </div>	<p>Date of birth</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> MM/DD/YYYY </div>	<p>Sex</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> M or F </div>
<p>Period of residence</p> <div style="border: 2px solid red; border-radius: 50%; padding: 2px; font-weight: bold;"> MM/DD/YYYY </div> <p>to present</p>	<p>Address</p> <p><input type="checkbox"/> Confidential</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> CURRENT ADDRESS FOR THE CHILD </div>	<p>Person child lived with (name and complete current address)</p> <p><input type="checkbox"/> Confidential</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH </div>	<p>Relationship</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> RELATIONSHIP OF PERSON TO CHILD </div>
<p>to</p> <div style="border: 2px solid red; border-radius: 50%; padding: 2px; font-weight: bold;"> MM/DD/YYYY </div>	<p>Child's residence (City, State)</p>	<p>Person child lived with (name and complete current address)</p>	
<p>to</p>	<p>Child's residence (City, State)</p>	<p>Person child lived with (name and complete current address)</p>	
<p>to</p>	<p>Child's residence (City, State)</p>	<p>Person child lived with (name and complete current address)</p>	
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES </div> <div style="border: 2px solid red; padding: 5px; font-weight: bold; margin-top: 5px;"> MAKE SURE THE DATES DIAGONAL FROM EACH OTHER MATCH </div>			
<p>b. Child's name</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> NEXT OLDEST CHILD'S NAME </div>	<p>Place of birth</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> CITY & STATE WHERE CHILD WAS BORN </div>	<p>Date of birth</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> MM/DD/YYYY </div>	<p>Sex</p> <div style="border: 2px solid red; padding: 2px; font-weight: bold;"> M or F </div>
<p><input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)</p>			
<p>Period of residence</p> <p>to present</p>	<p>Address</p> <p><input type="checkbox"/> Confidential</p>	<p>Person child lived with (name and complete current address)</p>	<p>Relationship</p>
<p>to</p>	<p>Child's residence (City, State)</p>	<p>Person child lived with (name and complete current address)</p>	
<p>to</p>	<p>Child's residence (City, State)</p>	<p>Person child lived with (name and complete current address)</p>	
<p>to</p>	<p>Child's residence (City, State)</p>	<p>Person child lived with (name and complete current address)</p>	
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> 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 style="border: 2px solid red; padding: 5px; font-weight: bold;"> 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 </div>			
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A) </div>			

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

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

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

TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5.

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ 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/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

CHECK THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDER IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION

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
TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <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.

CASE NAME: YOUR LAST NAME VS OTHER PARTY'S LAST NAME	CASE NUMBER: LEAVE BLANK
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Child's name NEXT OLDEST CHILD'S NAME <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 CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
Period of residence <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES </div>	Present address <input type="checkbox"/> Confidential <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THIS CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>	Person child lived with (name and complete current address) 	
to	Child's residence (City, State)	(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 NEXT OLDEST CHILD'S NAME <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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES </div>	Address <input type="checkbox"/> Confidential <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THIS CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>	Person child lived with (name and complete current address) 	
to	Child's residence (City, State)	(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 NEXT OLDEST CHILD'S NAME <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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES </div>	Address <input type="checkbox"/> Confidential <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THIS CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>	Person child lived with (name and complete current address) 	
to	Child's residence (City, State)	(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: YOUR LAST NAME VS OTHER PARTY'S LAST NAME	CASE NUMBER: LEAVE BLANK
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Child's name NEXT OLDEST CHILD'S NAME <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 CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
Period of residence <div style="border: 1px solid red; padding: 5px; width: fit-content;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div>	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	(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 NEXT OLDEST CHILD'S NAME <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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence <div style="border: 1px solid red; padding: 5px; width: fit-content;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div>	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	(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 NEXT OLDEST CHILD'S NAME <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 CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence <div style="border: 1px solid red; padding: 5px; width: fit-content;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div>	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	(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 ____

FORM INSTRUCTIONS

FL-115

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin-top: 5px;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER </div> <div style="text-align: right; margin-top: 10px;">FAX NO.:</div>		<div style="border: 1px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: <div style="border: 1px solid red; padding: 2px;">ASK STAFF TO STAMP FORM WITH COURT'S ADDRESS</div> CITY AND ZIP CODE: _____ BRANCH NAME: _____		
PETITIONER: <div style="border: 1px solid red; padding: 2px;">YOUR NAME</div> RESPONDENT: <div style="border: 1px solid red; padding: 2px;">THE OTHER PARENT'S NAME</div>		
<div style="text-align: center; font-weight: bold;">PROOF OF SERVICE OF SUMMONS</div>		
CASE NUMBER: <div style="border: 1px solid red; padding: 2px;">LEAVE BLANK</div>		

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:
- ☐ Family Law—Marriage/Domestic Partnership: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
 - or-
 - ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
 - or-
 - ☒ 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
 - (1) ☒ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (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): _____
- MARK THE BOXES OF ANY ATTACHED FORMS
2. Address where respondent was served:

THE SERVER WRITES IN THE ADDRESS WHERE THE OTHER PARTY WAS SERVED A COPY OF THE FILED COURT PAPERS
3. I served the respondent by the following means (check proper boxes):
- ☒ **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)
 - ☒ **Substituted service.** I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____
 - ☐ **(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 him or her of the general nature of the papers.
 - ☐ **(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: YOUR NAME	CASE NUMBER:
RESPONDENT: THE OTHER PARENT'S NAME	LEAVE BLANK

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)

- | <u>Child's name</u> | <u>Birthdate</u> | <u>Age</u> |
|---------------------|------------------|------------|
|---------------------|------------------|------------|

☐ continued on [Attachment 1](#).

- a. ☐ I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
- b. ☐ Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
- c. ☐ Respondent and I have legally adopted a child together.
- d. ☐ Respondent and I have been determined to be the parents in juvenile court or governmental child support.

County: State: Country (if not the United States):

- 4. Child custody and visitation (parenting time).** I request the following orders:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Physical custody of children to:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Visitation (parenting time) of children with:	<input type="text"/>	<input type="text"/>		<input type="text"/>
d. If "Other" is checked above, name of the other person is (<i>specify</i>):				

The proposed schedule for visitation (parenting time) is as follows:

☐ See the attached form [FL-311](#), *Child Custody and Visitation (Parenting Time) Application Attachment*.

PETITIONER: RESPONDENT:	CASE NUMBER:
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4. e. ☐ I request that the child abduction prevention orders requested on form [FL-312](#) be approved.
- f. ☐ I request that the proposed holiday schedule set out in ☐ form [FL-341\(C\)](#) ☐ other be approved.
- g. ☐ I request that additional orders regarding child custody set out in ☐ form [FL-341\(D\)](#) ☐ other be approved.
- h. ☐ I request that joint legal custody orders set out in ☐ form [FL-341\(E\)](#) ☐ other be approved.
- i. ☐ I request that visitation (parenting time) be supervised for the following persons, with the following restrictions:

☐ Continued on [Attachment 4i](#).

j. ☐ Other (*specify*):

5. Fees and cost of litigation

- a. Attorney's fees will be paid by ☐ petitioner ☐ respondent.
- b. ☐ Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (*specify*):

8. I have read the restraining order on the back of the *Summons* (form FL-210) that is being filed with this petition, and I understand that it applies 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)
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A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

NOTICE: If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

SUMMONS

(Parentage—Custody and Support)

CITACIÓN (Paternidad—Custodia y Manutención)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

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:

El 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-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) 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.

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

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

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), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

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), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE: *The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

AVISO: *La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidan la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla 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 petitioner's attorney, or petitioner without an attorney, are: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)

Date (Fecha): _____ Clerk, by (Secretario, por) _____, Deputy (Asistente)

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.

Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despidan la petición o la corte dé otras órdenes.

Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.

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 toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO — ACCESO A SEGURA DE SALUD MÁS ECONOMICO 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 al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY:	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: _____
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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: 	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

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

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

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ 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/ 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 <input type="checkbox"/> Claims custody rights <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 <input type="checkbox"/> Claims custody rights <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 <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p> <p>Name of each child</p>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

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

<input type="checkbox"/> Child's name <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 to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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 <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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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 <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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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)		

CASE NAME: 	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <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 to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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 <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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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 <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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <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)		

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

- Age

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4. e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.
 f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.
 g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.
 h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.
 i. ☐ I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

☐ Continued on Attachment 4h.

j. ☐ Other (*specify*):

5. **Fees and cost of litigation**

- a. Attorney fees will be paid by ☐ petitioner ☐ respondent.
 b. ☐ Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (*specify*):

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

Date:

 (TYPE OR PRINT NAME)

 (SIGNATURE OF RESPONDENT)

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.