

Instructions for Responding to Request for Order

WHEN TO USE THIS PACKET

Use this packet if you want to respond to “Request for Order” paperwork that was served on you. If you have an existing case, the Petitioner and Respondent never change; the Petitioner is the person who started the case in the beginning and will remain as the petitioner.

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

STEPS TO RESPOND:

1. The following forms in this packet are to be completed. Please refer to FL-320 INFO to know which exact forms you will need in your case.

<input type="checkbox"/> Responsive Declaration to Request for Order	FL-320
<input type="checkbox"/> Attached Declaration	MC-031
<input type="checkbox"/> Declaration under Uniform Child Custody Jurisdiction Act	FL-105
<input type="checkbox"/> Income and Expense Declaration	FL-150
<input type="checkbox"/> Proof of Service by Mail	FL-335
2. You will need to make at least 2 additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for the other party. The original is for the court.
3. One copy of the forms will need to be served to the other parent.
4. The server must complete and sign the “Proof of Service by Mail.”
5. File your Responsive Declaration paperwork and the proof of service.

NOTE: You have a certain amount of days to respond to the other party’s request. You can check for the specific time frame on page 1 of FL-300 that was served to you.

- 1 If you received a *Request for Order* (form FL-300),**
 - Carefully read the papers you received to make sure you understand what orders are being requested.
 - Note the date, time, and location of the court hearing.
 - Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
 - If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the Family Law Facilitator or Self-Help Center in your court (see item **16**).
- 2 USE *Responsive Declaration to Request for Order* (form FL-320)**
 Use form FL-320 to let the court and the other party know that you agree or disagree with each of the requests made in the *Request for Order* (form FL-300).
 - If you disagree, use form FL-320 to describe the orders you would like the court to make.
 - If you do not file and serve form FL-320, the court can still make orders without your input.
- 3 DO NOT USE *Responsive Declaration to Request for Order* (form FL-320) to:**
 - Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form FL-300) to ask for orders about other issues.
 - Respond to *Request for Domestic Violence Restraining Order* (form DV-100). Instead, you must use *Response to Request for Domestic Restraining Order* (form DV-120).
- 4 Forms checklist**
 - a. Form FL-320, *Responsive Declaration to Request for Order* is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
 - b. For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - ☐ FL-105, *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - ☐ FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*
 - ☐ FL-312, *Request for Child Abduction Prevention Orders*
 - ☐ FL-341(C), *Children's Holiday Schedule Attachment*
 - ☐ FL-341(D), *Additional Provisions—Physical Custody Attachment*
 - ☐ FL-341(E), *Joint Legal Custody Attachment*
 - c. For child support, you need:
 - ☐ A current form FL-150, *Income and Expense Declaration*. You may use form FL-155, *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

Notice:

 - The court will order child support based on the income of the parents.
 - Child support normally continues until the child is 18 years and has graduated from high school.
 - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
 - d. For spousal or domestic partner support or orders about your finances, you need these forms:
 - ☐ FL-150, *Income and Expense Declaration*
 - ☐ FL-157, *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
 - e. For attorney's fees and costs, you need these forms:
 - ☐ FL-150, *Income and Expense Declaration*
 - ☐ FL-158, *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
 - ☐ FL-319, *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
 - f. If you plan on having witnesses testify at the hearing, you need this form:
 - ☐ FL-321, *Witness List*

To respond to a *Request for Order*, you must:

5 Complete caption of the form

Complete the top portion including your name, address, and telephone number, the court address, the name of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the *Request for Order* (form FL-300).

6 Specify a response to orders requested

Items 1–9: Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: you may file one form FL-150 to respond to items 3, 4, and 6.*

Item 10: Use the space to explain your responses to items 1–9. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

Sign and date: Print your name, sign, and write the date you signed form FL-320.

7 Next steps: file or serve your paperwork

You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order.

Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

- Take your paperwork and copies to the court clerk to process (or e-file them, if available in your county). The clerk will keep the original and give you back copies with a court stamp on them. Have a stamped copy served; or
- Have an unstamped copy of your paperwork served *before* you take (or e-file) the originals and copies to the court clerk to file. Be sure the original documents are not served.

8 Pay filing fees

Generally, you do not have to pay a fee to file the *Responsive Declaration*. However, if you have never filed any papers in the case, you may have to pay a “first appearance fee,” which, in general, everyone has to pay when filing court papers in a case for the first time.

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file form FW-001, Request to Waive Court Fees and form FW-003, Order on Court Fee Waiver.

9 Serve your papers on the other party

“Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you want the court to make. *Note:* If a party has a lawyer in the case, the papers should be served on that party’s lawyer.

10 How to “serve”

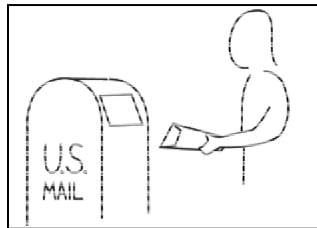
Server. You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

Personal service.

Your papers may be served by “personal service.” “Personal service” means that your “server” walks up to each person to be served, makes sure he or she is the right person, and then gives a copy of all the papers to him or her.

**Service by mail.**

“Service by mail” means that your “server” places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if he or she has one.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.

**11 Deadline for service**

Personal service or service by mail on the other party must be completed at least *9 court days* before the court hearing. If the court has ordered a shorter time to serve your responsive papers, be sure to have them served by the date specified in the court order.

12 Server must complete a *Proof of Service*

After personal service, the server should complete a form FL-330, *Proof of Personal Service*. Form FL-330-INFO, *Information Sheet for Proof of Personal Service* has instructions to help the person complete the form.

After service by mail, the server should complete form FL-335, *Proof of Service by Mail*. Form FL-335-INFO, *Information Sheet for Proof of Service by Mail* has instructions to help the person complete the form.

13 File the *Proof of Service* before your hearing date

The *Proof of Service* shows the judge that the person received a copy of your *Responsive Declaration to Request for Order*. Make three copies of the completed *Proof of Service*. Take the original and copies to the court clerk as soon as possible **before your hearing**.

The clerk will keep the original and give you back the copies stamped “Filed.” Bring a copy stamped “Filed” to your hearing. (If unstamped copies of your paperwork were served, you can file the completed *Proof of Service* when you file the original *Responsive Declaration*.)

14 Participate in child custody mediation or child custody recommending counseling

If the *Request for Order* includes a court order for you to attend mediation or child custody recommending counseling, the date, time, and location is found on page 1 of the *Request for Order*. For more information, read *Child Custody Information Sheet* (form FL-313-INFO or form FL-314-INFO).

15 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for the hearing at www.courts.ca.gov/1094.htm.

16 Still have questions or need help?

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/1083.htm/>.
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at calbar.ca.gov, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to lawhelpcalifornia.org.

PARTY WITHOUT ATTORNEY OR ATTORNEY: <div style="border: 2px solid red; padding: 5px; margin: 5px;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER </div> STATE BAR NO.: STATE: ZIP CODE: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY <div style="border: 2px solid red; padding: 20px; margin: 10px;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:	
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER: <div style="border: 2px solid red; padding: 5px; text-align: center;"> COURT CASE NUMBER </div>

Read *Information Sheet: Responsive Declaration to Request for Order* (form FL-320-INFO) for more information about this form.

1. ☐ **RESTRAINING ORDER INFORMATION**
 - a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. ☐ I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.
2. ☒ **CHILD CUSTODY**
☒ **VISITATION (PARENTING TIME)**
 - a. ☒ I consent to the order requested for child custody (legal and physical custody)
 - b. ☒ I consent to the order requested for visitation (parenting time).
 - c. ☒ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time)
☐ but I consent to the following order:
3. ☒ **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.
 - b. ☐ I consent to the order requested.
 - c. ☐ I consent to guideline support.
 - d. ☐ I do not consent to the order requested ☐ but I consent to the following order:
4. ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
 - b. ☐ I consent to the order requested.
 - c. ☐ I do not consent to the order requested ☐ but I consent to the following order:

FOLLOW THE NUMBERS THE OTHER PARTY MARKED ON THE FL-300, AND CHECK WHETHER YOU "AGREE OR DISAGREE" WITH WHAT THE OTHER PARTY HAS REQUESTED. IF YOU DISAGREE, TELL THE COURT WHAT YOU WANT.

PETITIONER: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
RESPONDENT: THE OTHER PARTY	COURT CASE NUMBER
OTHER PARENT/PARTY:	

5. ☐ PROPERTY CONTROL

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

6. ☐ ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the facts.
- c. ☐ I consent to the order requested.
- d. ☐ I do not consent to the order requested

FOLLOW THE NUMBERS THE OTHER PARTY MARKED, AND CHECK WHETHER YOU "AGREE OR DISAGREE" WITH WHAT THE OTHER PARTY HAS REQUESTED. IF YOU DISAGREE, TELL THE COURT WHAT YOU WANT.

7. ☐ DOMESTIC VIOLENCE ORDER

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

8. ☐ OTHER ORDERS REQUESTED

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

9. ☐ TIME FOR SERVICE / TIME UNTIL HEARING

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

10. ☐ FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 10.

TELL THE COURT WHY THE LISTED REQUEST OF THE OTHER PARTY SHOULD NOT BE GRANTED. EXPLAIN WHY YOU WANT WHAT YOU ARE ASKING AND PROVIDE FACTS AND/OR EVIDENCE TO SUPPORT YOUR REQUEST. ALSO IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH FORM MC-031.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE



SIGN YOUR NAME HERE

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER:	PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:	
DEFENDANT/RESPONDENT:	THE OTHER PARTY	COURT CASE NUMBER	

DECLARATION

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

**BRIEFLY EXPLAIN YOUR REQUEST BASED ON
WHAT BOX YOU CHECKED ON THE FL-300**

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)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (Specify):

FORM INSTRUCTIONS

FL-105/GC-120

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <div style="border: 1px solid black; 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 style="text-align: center;"><i>(This section applies only to family law cases.)</i></p> <p>PETITIONER: PARTY WHO INITIALLY OPENED CASE</p> <p>RESPONDENT: THE OTHER PARTY</p> <p>OTHER PARTY:</p> <p style="text-align: center;"><i>(This section applies only to guardianship cases.)</i></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: 1px solid black; padding: 20px; margin: 10px;"> <p>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</p> </div> <p>CASE NUMBER:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> COURT CASE NUMBER </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.)

a. Child's name	Place of birth	CITY & STATE WHERE CHILD WAS BORN	Date of birth	Sex
OLDEST CHILD'S NAME			MM/DD/YYYY	M or F
Period of residence	Address	Person child lived with (name and complete current address)	Relationship	
MM/DD/YYYY to present	<input type="checkbox"/> Confidential CURRENT ADDRESS FOR THE CHILD	<input type="checkbox"/> Confidential NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD	
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)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES MAKE SURE THE DATES DIAGONAL FROM EACH OTHER MATCH				
b. Child's name	Place of birth	Date of birth	Sex	
NEXT OLDEST CHILD'S NAME			MM/DD/YYYY M or F	
<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	Address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential			
to	residence (City, State)	with (name and complete current address)		
to	residence (City, State)	with (name and complete current address)		
to	residence (City, State)	with (name and complete current address)		
to	residence (City, State)	with (name and complete current address)		
CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES 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 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 IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A)				

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

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

Proceeding	Case number	Court (name, state, 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 ORDERS 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: PETITIONER'S LAST NAME VS RESPONDENT'S LAST NAME	CASE NUMBER: COURT CASE NUMBER
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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 black; padding: 5px; width: fit-content;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div>	Present address <input type="checkbox"/> Confide	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 black; padding: 5px; width: fit-content;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div>	Address <input type="checkbox"/> Confide	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 black; padding: 5px; width: fit-content;">CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES</div>	Address <input type="checkbox"/> Confide	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)	

PARTY WITHOUT ATTORNEY OR ATTORNEY YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY COURT CASE NUMBER SAMPLE ONLY DO NOT WRITE ON THIS COPY!
NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: COURT CASE NUMBER

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED (NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

a. My age is (specify): YOUR AGE b. I have completed high school or the equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed (specify): GRADE FINISHED c. Number of years of college completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): DEGREE EARNED d. Number of years of graduate school completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): DEGREE EARNED e. I have: <input type="checkbox"/> professional/occupational license(s) (specify): LICENSES EARNED <input type="checkbox"/> vocational training (specify): JOB TRAINING COMPLETED	TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED.
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3. Tax information

a. <input type="checkbox"/> I last filed taxes for tax year (specify year): b. My tax filing status is <input type="checkbox"/> single <input type="checkbox"/> head of household <input type="checkbox"/> married, filing separate <input type="checkbox"/> married, filing jointly with (specify name): c. I file state tax returns in <input type="checkbox"/> California <input type="checkbox"/> other (specify state): d. I claim the following number of exemptions (including myself) on my taxes (specify):	FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)
---	---

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

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

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

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">COURT CASE NUMBER</div>
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

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

	Last month	Average monthly
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.)		
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):	\$	

IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE

IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE

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):	\$

LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA

7. Income from self-employment, after business expenses for all businesses	\$
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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

	Last month	
10. Deductions		
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")	\$	

FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK

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

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

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

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: COURT CASE NUMBER
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12. The following people live with me:

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

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 \$

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

cleaning \$

\$

\$

gifts, and vacation \$

i. Auto expenses and transportation

(insurance, gas, repairs, bus, etc.) \$

m. Insurance (life, accident, etc.; do not include

auto, home, or health insurance) \$

n. Savings and investments \$

o. Charitable contributions \$

p. Monthly payments listed in item 14

(itemize below in 14 and insert total here) \$

q. Other (specify): \$

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

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

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

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

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

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

15. Attorney fees (This 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):

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

I confirm this fee arrangement.

Date:

DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: THE OTHER PARTY OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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CHILD SUPPORT INFORMATION

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

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

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.)

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 expenses for the children in this case

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

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

- | | 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):

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY <div style="border: 2px solid red; padding: 10px; text-align: center;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		CASE NUMBER: CASE NUMBER (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:	
PETITIONER/PLAINTIFF: PARTY WHO INITIALLY OPENED CASE RESPONDENT/DEFENDANT: THE OTHER PARTY OTHER PARENT/PARTY:			
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:

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

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

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

by enclosing them in an envelope ~~AND~~ **CHOOSE ONE**

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

4. The envelope was addressed and mailed as follows:

a. Name of person served: **THE OTHER PARTY'S NAME**

b. Address: **THE OTHER PARTY'S ADDRESS**

c. Date mailed: **DATE SERVER MAILED YOUR FORMS TO THE OTHER PARTY**

d. Place of mailing (*city and state*): **CITY AND STATE WHERE THE FORMS WERE MAILED**

5. ☐ I served 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: **DATE SERVER SIGNS**

SERVER PRINTS THEIR NAME HERE

(TYPE OR PRINT NAME)

SERVER SIGNS HERE

(SIGNATURE OF PERSON COMPLETING THIS FORM)

**DO NOT
CHECK ITEM
5. UNLESS
YOU ARE
INCLUDING
FL-334**

BLANK FORMS

(To be Completed)

1. ☐ **RESTRAINING ORDER INFORMATION**

a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.

b. ☐ I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. ☐ **CHILD CUSTODY**

☐ **VISITATION (PARENTING TIME)**

a. ☐ I consent to the order requested for child custody (legal and physical custody)

b. ☐ I consent to the order requested for visitation (parenting time).

c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time)

☐ but I consent to the following order:

3. ☐ **CHILD SUPPORT**

a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I consent to guideline support.

d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

4. ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**

a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.

b. ☐ I consent to the order requested.

c. ☐ I do not consent to the order requested ☐ but I consent to the following order:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. ☐ **PROPERTY CONTROL**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

6. ☐ **ATTORNEY'S FEES AND COSTS**

- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
- c. ☐ I consent to the order requested.
- d. ☐ I do not consent to the order requested ☐ but I consent to the following order:

7. ☐ **DOMESTIC VIOLENCE ORDER**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

8. ☐ **OTHER ORDERS REQUESTED**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

9. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING**

- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:

10. ☐ **FACTS TO SUPPORT** my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 10.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: _____

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

PLAINTIFF/PETITIONER:

CASE NUMBER:

DEFENDANT/RESPONDENT:

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐

Attorney for

☐

Plaintiff

☐

Petitioner

☐

Defendant

☐

Respondent

☐

Other (Specify):

PLAINTIFF/PETITIONER:

CASE NUMBER:

DEFENDANT/RESPONDENT:

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐

Attorney for

☐

Plaintiff

☐

Petitioner

☐

Defendant

☐

Respondent

☐

Other (Specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY:	
(This section applies only to family law cases.) 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:
----------------------	----------------------

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>
---	---	---

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:
--------------------	----------------------

**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)		

Page ____ of ____

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)		

Page _____ of _____

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

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

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

a. Home:

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

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
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This 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)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 expenses for the children in this case

Amount per month

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

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*) :

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.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

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

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