

# Instructions for Responding to Petition to Determine Parental Relationship

## WHEN TO USE THIS PACKET

Use this packet if you are **not married** to the other parent of your child and if you want to respond to the “Petition to Determine Parental Relationship” paperwork served on you.

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

## STEPS TO RESPOND TO A PARENTAGE CASE:

1. The following forms in this packet will need to be completed.

<input type="checkbox"/> Response to Petition to Determine Parental Relationship	FL-220
<input type="checkbox"/> Attached Declaration	MC-031
<input type="checkbox"/> Declaration under UCCJEA	FL-105
<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 child’s other parent. 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 Response paperwork and the proof of service.

**NOTE:** You have 30 days from the date the documents were served on you, to file and serve a response.



# **SAMPLE FORMS**



PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: <b>YOUR NAME</b> FIRM NAME: STREET ADDRESS: <b>YOUR ADDRESS</b> CITY: <b>CITY, STATE, ZIP CODE</b> ZIP CODE: TELEPHONE NO.: <b>YOUR TELEPHONE NUMBER</b> E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>  <div style="border: 2px solid red; padding: 20px; font-size: 24px; font-weight: bold;">           SAMPLE ONLY DO NOT WRITE ON THIS COPY!         </div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: <b>Fresno County Superior Court</b> MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b> CITY AND ZIP CODE: BRANCH NAME: <b>93724-2220</b>	CASE NUMBER: <b>COURT CASE NUMBER</b>
PETITIONER: <b>THE OTHER PARENT'S NAME</b> RESPONDENT: <b>YOUR NAME</b>	<b>NOTE: PETITIONER IS THE PERSON WHO OPENED THE CASE</b>
<b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>	

1. The petitioner
  - a.  is a parent of the children in item 2.
  - b.  is not a parent of the children in item 2.
  - c.  is the child or the child's personal representative (specify court and date of appointment):
  - d.  Other (specify):

CHECK WHICH ONE APPLIES TO YOUR CASE
  
2. The children are
 

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

b.  a child who is not yet born
  
3. The respondent
  - a.  lives in the state of California.
  - b.  was in California when the children listed in item 2 were conceived.
  - c.  does not live in the state of California.
  - d.  was not in California when the children listed in item 2 were conceived.
  - e.  Other (specify):

CHECK WHICH ONE APPLIES TO YOU
  
4. The children
  - a.  live or are found in this county.
  - b.  are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.

CHECK WHICH ONE APPLIES TO YOUR CASE
  
5. The respondent is
  - a.  the parent of the children listed in item 2 above.
  - b.  not certain if the respondent is the parent of the children listed in item 2 above.
  - c.  not the parent of the children listed in item 2 above.
  - d.  Other (specify):

CHECK WHICH ONE APPLIES TO YOU
  
6. Additional statements
  - a.  Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
  - b.  Parentage has been established in another case  governmental child support  Other (specify):
  - c.  Public assistance is being provided to the children.

CHECK ALL THAT APPLY TO YOUR CASE
  
7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) is attached.

PETITIONER: <b>THE OTHER PARENT'S NAME</b> RESPONDENT: <b>YOUR NAME</b>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>COURT CASE NUMBER</b></div>
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The respondent asks that the court make the determinations listed below.

**CHECK THE APPROPRIATE BOXES**

8. PARENT-CHILD RELATIONSHIP (check all that apply):

- a.  Respondent  Petitioner is the parent of the children listed in item 2.
- b.  Respondent  Petitioner is not the parent of the children listed in item 2.
- c.  Respondent requests genetic testing to determine whether the  Petitioner  Respondent is the parent of the children listed in item 2.

**CHECK A BOX FOR a., 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**

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

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

As requested in  form FL-311  form FL-312  form FL-341(C)  Attachment 6c(1)  
 form FL-341(D)  form FL-341(E)

- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify).  
 Contained in the attached declaration.

**USE THE MC-031 ATTACHMENT TO BRIEFLY EXPLAIN WHY YOU ARE REQUESTING CUSTODY AND/OR VISITATION ORDERS IN THE BEST INTEREST OF THE**

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

10. REASONABLE EXPENSES

	Petitioner	Respondent	Joint
Reasonable expenses of pregnancy and birth to be paid by as follows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHECK APPROPRIATE BOXES IF REQUESTING ORDERS IN #10 AND #11**

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAME CHANGE

Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):

**CHECK THIS BOX IF YOU WOULD LIKE TO CHANGE THE CHILD'S NAME AND WRITE THE COMPLETE OLD AND NEW NAME**

13. OTHER ORDERS REQUESTED (specify):

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

14. CHILD SUPPORT

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

I have read the restraining order on the back of the Summons (FL-210) and I understand it applies to me.

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 RESPONDENT)

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon 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.**

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

**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-220**

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*):

**ATTACHED DECLARATION**





# FORM INSTRUCTIONS

FL-105/GC-120

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

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

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

- c.  Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d.  Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.) Page 1 of 2

SHORT TITLE: <span style="border: 1px solid red; padding: 2px;">THE OTHER PARENT'S LAST NAME VS YOUR LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>
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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 <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	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 <i>(name, state, location)</i>
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 <i>(if known)</i>	Orders expire <i>(date)</i>
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
<b>TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS</b>		
<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.**

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

CASE NAME: <span style="border: 1px solid red; padding: 2px;">THE OTHER PARENT'S LAST NAME VS YOUR LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Child's name <span style="border: 1px solid red; padding: 2px;">NEXT OLDEST CHILD'S NAME</span> <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 <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid red; padding: 2px;">MM/DD/YYYY</span>	Sex <span style="border: 1px solid red; padding: 2px;">M or F</span>
Period of residence to	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 <span style="border: 1px solid red; padding: 2px;">NEXT OLDEST CHILD'S NAME</span> <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 <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Sex <span style="border: 1px solid red; padding: 2px;">M or F</span>
Period of residence to	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 <span style="border: 1px solid red; padding: 2px;">NEXT OLDEST CHILD'S NAME</span> <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 <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid red; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Sex <span style="border: 1px solid red; padding: 2px;">M or F</span>
Period of residence to	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)	

CASE NAME: <span style="border: 1px solid black; padding: 2px;">THE OTHER PARENT'S LAST NAME VS YOUR LAST NAME</span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">COURT CASE NUMBER</span>
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Child's name <span style="border: 1px solid black; padding: 2px;">NEXT OLDEST CHILD'S NAME</span> <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 <span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>	Sex <span style="border: 1px solid black; padding: 2px;">M or F</span>
Period of residence to	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
Child's name <span style="border: 1px solid black; padding: 2px;">NEXT OLDEST CHILD'S NAME</span> <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 <span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Sex <span style="border: 1px solid black; padding: 2px;">M or F</span>
Period of residence to	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
Child's name <span style="border: 1px solid black; padding: 2px;">NEXT OLDEST CHILD'S NAME</span> <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 <span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Date of birth <span style="border: 1px solid black; padding: 2px;">CITY &amp; STATE WHERE CHILD WAS BORN</span>	Sex <span style="border: 1px solid black; padding: 2px;">M or F</span>
Period of residence to	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>YOUR NAME</b> <b>YOUR ADDRESS</b> <b>CITY, STATE, ZIP CODE</b> <b>YOUR TELEPHONE NUMBER</b>		<b>FOR COURT USE ONLY</b>  <div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;">           SAMPLE ONLY DO NOT WRITE ON THIS COPY!         </div>
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: <b>Fresno County Superior Court</b> MAILING ADDRESS: <b>1130 "O" Street, Fresno CA</b> CITY AND ZIP CODE: <b>93724-2220</b> BRANCH NAME:		
PETITIONER/PLAINTIFF: <b>THE OTHER PARTY'S NAME</b> RESPONDENT/DEFENDANT: <b>YOUR NAME</b> OTHER PARENT/PARTY:		CASE NUMBER: <b>CASE NUMBER</b>  <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>		

**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.)

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

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)



# **BLANK FORMS**

**(To be Completed)**





PARTY WITHOUT ATTORNEY OR ATTORNEY NAME FIRM NAME STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NO. FAX NO. E-MAIL ADDRESS ATTORNEY FOR (name)	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME	
PETITIONER: RESPONDENT:	
<b>RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP</b>	CASE NUMBER

1. The petitioner
  - a.  is a parent of the children in item 2.
  - b.  is not a parent of the children in item 2.
  - c.  is the child or the child's personal representative (specify court and date of appointment):
  - d.  Other (specify):
  
2. The children are
  - a. Child's name Birthdate Age
  
  - b.  a child who is not yet born.
  
3. The respondent
  - a.  lives in the state of California.
  - b.  was in California when the children listed in item 2 were conceived.
  - c.  does not live in the state of California.
  - d.  was not in California when the children listed in item 2 were conceived.
  - e.  Other (specify):
  
4. The children
  - a.  live or are found in this county.
  - b.  are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a.  the parent of the children listed in item 2 above.
  - b.  not certain if the respondent is the parent of the children listed in item 2 above.
  - c.  not the parent of the children listed in item 2 above.
  - d.  Other (specify):
  
6. Additional statements
  - a.  Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
  - b.  Parentage has been established in another case  governmental child support  Other (specify):
  - c.  Public assistance is being provided to the children.
  
7. A completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)(form FL-105) is attached.

PETITIONER: RESPONDENT:	CASE NUMBER
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The respondent asks that the court make the determinations listed below.

8. PARENT-CHILD RELATIONSHIP (check all that apply):

- a.  Respondent  Petitioner is the parent of the children listed in item 2.
- b.  Respondent  Petitioner is not the parent of the children listed in item 2.
- c.  Respondent requests genetic testing to determine whether the  Petitioner  Respondent is the parent of the children listed in item 2.

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

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

As requested in  form FL-311     form FL-312     form FL-341(C)  
 form FL-341(D)     form FL-341(E)     Attachment 9c

- d. The facts in support of the requested custody and visitation (parenting time) orders are (specify):  
 Contained in the attached declaration.

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth to be paid by as follows:	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAME CHANGE

Children's names be changed, according to Family Code section 7638, as follows (specify old and new names):

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

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

Date:

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF RESPONDENT)
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**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon 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.**

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): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies only to family law cases.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i>	CASE NUMBER:
GUARDIANSHIP OF (Name): _____ Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am a party to this proceeding to determine custody of a child.
2.  My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): \_\_\_\_\_ 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):

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



ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>    TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  <i>(If applicable, provide):</i>  HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents *(specify)* :

by enclosing them in an envelope AND

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

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
  
- c. Date mailed:
- d. Place of mailing *(city and state)*:

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

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

Date:

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