Instructions for Responding to **Divorce, Legal Separation** or Nullity

WHEN TO USE THIS PACKET

The attached forms can be used to respond to a:

- Dissolution [Divorce] of Marriage and/or Domestic Partnership
 In order to seek a divorce in this county, you or the other party must have lived in California for the past six months and in Fresno County for the past three months.
- Legal Separation of Marriage and/or Domestic Partnership

 This allows the Court to divide community property and make orders on custody or support, but does not terminate your marriage or domestic partnership.
- <u>Nullity [Annulment] of a marriage and/or domestic partnership</u> that was not valid due to specific grounds.

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

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:					
1.	The following forms in th	is packet w	ill need to be completed:			
	Response to Petition	FL-120	☐ *Declaration of Disclosure	FL-140		
	Declaration under UCCJEA	FL-105	\square *Schedule of Assets and debts	FL-142		
	Proof of by Mail	FL-335	\square *Income & Expense Declaration	FL-150		
2.	You will need to make at	least 2 add	itional copies of each form you fill o	ut and		
	any attachments you are	including.	One copy will be for you; another co	py will		
	be for the other party. Th	e original i	s for the court.			
3.	One copy of the forms me	ust be serv	ed on the other party.			
4.	The server must complete	e and sign t	the "Proof of Service by Mail."			
5.	5. File your Response paperwork and the proof of service.					

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

SAMPLE FORMS

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FL-12
YOUR NAME		SAMPLE
YOUR ADDRESS		SAIVIPLE
CITY, STATE, ZIP CODE	STATE: ZIP CODE:	ONLY
YOUR TELEPHONE NUMBER	FAX NO.: :	OINLI
E-MAIL ADDRESS: ATTORNEY FOR (name): NOTE: F	ETITIONER IS THE PERSON WHO OPENED THE	DO NOT
SUPERIOR COURT OF CALIFORNIA, COUNTY C	F Fresno	
STREET ADDRESS: 1130 "O" Street, MAILING ADDRESS: 5.000 CA 03734 333	_	WRITE ON
MAILING ADDRESS: CITY AND ZIP CODE: CENTRAL Division	20	
PETITIONER: YOUR SPOUSE/REGISTERED I	DOMESTIC PARTNER'S NAME	→ THIS COPY!
RESPONDENT: YOUR NAME	JOINES TO PARTNERS NAME	
RESPONSE AND REQUES		CASE NUMBER:
Dissolution (Divorce) of: Marri	· /=\	COURT CASE NUMBER
Legal Separation of: Marri	- \ - \ - \	
LEGAL RELATIONSHIP CHECK THE BOX T		K WHICH ONE APPLIES TO YOU
a. We are married.	An principle of the second of	
	omestic partnership was established in Cali omestic partnership was NOT established i	
	DIC	K WHICH ONE APPLIES TO YOU
RESIDENCE REQUIREMENTS (check all the a. / Petitioner Respondent has	is been a resident of this state for at least s	
	the filing of this Petition. (For a divorce, un	
described in 1b., at least one of you		
b ur demestic partnership was estable to dissolve our partnership here.	ished in California. Neither of us has to be	a resident or have a domicile in California
	in California, but currently live in a jurisdicti	on that does not recognize, and will not
	is filed in the county where we married.	
ECK APPROPRIATE BOX	Respondent I	ives in <i>(specify):</i>
STATISTICAL FACTS	YEARS MARRIED	MONTHS MARRIED
(1) Date of marriage (specify): MM/I		on (specify): MM/DD/YYYY
(3) Time from date of marriage to da	te of separation (specify): Year	
b. (1) Registration date of domestic par	thership with the California Secretary of Sta (2) Date of separation	on (specify):
(3) Time from date of registration of (domestic partnership to date of separation	
MINOR CHILDREN IF THE	RE ARE NO MINOR CHILDREN, CHECK BOX	a.
a/ There are no minor children. IF THE	RE ARE MINOR CHILDREN, CHECK BOX b. A	ND LIST THE
D. The initial children are.	REN)'S INFORMATION FROM OLDEST TO YO	-
Child's name	Birthdate BIRTHDATE	Age AGE
CHILD #1'S NAME CHILD #2'S NAME	BIRTHDATE BIRTHDATE	AGE
CHILD #2'S NAME	BIRTHDATE	AGE
CHILD #4'S NAME	BIRTHDATE	AGE
(1) continued on Attachment 4b	. (2) a child who is not yet bo	rn
c. If any children were born before the marri		
be children of the marriage or domestic p	artnership.	
d. If there are minor children of Petitioner an		nder Uniform Child Custody Jurisdiction
 and Enforcement Act (UCCJEA) (form FL e. Petitioner and Respondent signed a 	- <u>105)</u> must be attached. voluntary declaration of parentage or pater	nity. (Attach a copy if available.)
	- 2	Page 1 c

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	CASE NUMBER: COURT CASE NUMBER
Respondent requests that the court make the following orders: CHECK THE APPROPRIA 5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–23 a. Respondent contends that the parties never legally man	
b. Respondent denies the grounds set forth in item 5 of the AND FINALLY CHECK TH	E APPROPRIATE BOX FOR (a) THROUGH (F)
(1) Divorce Legal separation of the marriage or domestic partnershall irreconcilable differences. (b) permanent legal incapacity	ip based on
(2) Vullity of void marriage or domestic partnership based on (a) incest. (b) bigamy.	CHECK A BOX FOR a., b., AND c., TO TELL THE
(3) \[\begin{align*} \text{Nullity of voidable marriage or domestic partnership based on (a) \[\begin{align*} \text{respondent's age at time of registration of domestic partnership or marriage. (b) \[\begin{align*} \text{prior existing marriage or domestic partnership. (c) \[\begin{align*} \text{unsound mind.} \] (f) \[\begin{align*} \text{physic} \]	COURT WHO YOU WANT TO HAVE LEGAL CUSTODY, AND PHYSICAL CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION
	spondent Joint Other
a. Legal custody of children to	
As requested in form FL-311 form FL-312 form FL-34 form FL-341(E) Attachmen	
7. CHILD SUPPORT	IF YOU WOULD LIKE TO ATTACH
 a. If there are minor children born to or adpartnership, the court will make orders for requesting party. b. An earnings assignment may be issued c. Any party required to pay support must d. Other (specify): CHECK BOX 8b., IF YOU DO NO WANT TO PAY SPOUSAL SUPPORT TO YOUR SPOUSE/DOMESTIC PARTNER AND/OR IF YOU DO NOT WANT SPOUSAL SUPPORT TO BE PAID TO YOUR SPOUSAL SUPPORT SO THAT IT MAY BE ADDRESSED IN THE FUTURE 	te, which is currently 10 percent.
B. SPOUSAL OR DOMESTIC PARTNER SUF	
a. Spousal or domestic partner support payable to Petitioner Response. b. Terminate (end) the court's ability to award support to Petitioner Reserve for future determination the issue of support payable to Petitione Other (specify): CHECK THE BOX THAT APPLIES	espondent
CHECK THE BOX THAT APPLIES IF BOX b. IS CHECKED, ATTACH FL-160, ATTACHME	NT 9b, OR LIST ITEMS BELOW
a. There are no such assets or debts that I know of to be confirmed by the court. b. Confirm as separate property the assets and debts in Property Declaration the following list.	(form <u>FL-160</u>). <u>Attachment 9b</u> . <u>Confirm to</u>
LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS FROM BEFORE THE MARRIAGE/DOMESTIC PARTNERSHIP OF SEPARATION	ADD THE NAME OF THE PERSON YOU WANT TO GET EACH OF THE ITEMS LISTED
ALSO LIST ANYTHING YOU OR THE OTHER PARTY INHERITED OR RECEIVED AS A GIFT AT ANY TIME AND YOU ARE SEEKING ORDERS REGARDING THAT PROPERTY/DEB	

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PA	RTNER'S NAME	CASE NUMBER:	E NUMBER
10. COMMUNITY AND QUASI-COMMUNITY PROPERTY a. There are no such assets or debts that I know of		BOX THAT APPLIES	A CHMENT 10b
b. Determine rights to community and quasi-community Property Declaration (form FL-160). as follows (specify):	nity OR LIST ITEM	IS BELOW	ACHMENT TOD,
LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS OTHER PARTY ACCRUED OR EARNED <u>DURING</u> THE MARI PARTNERSHIP (INCLUDING HOUSE, VEHICLES, 401(K), PECARD DEBT, LOANS. ETC.) NO MATTER WHOSE NAME IT	RIAGE/DOMESTIC SNSION, CREDIT		
a. Attorney's fees and costs payable by b. Respondent's former name be restored to (specific c. Other (specify):	fy): CHECK BOX 11I	despondent b. AND WRITE YOUR FULL MAIDEN YOU WOULD LIKE IT BACK	
IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUES YOU WILL NEED TO BRIEFLY DESCRIBE THE ORDER F	TING, CHECK THIS E		
Continued on Attachment 11c.			
I declare under penalty of perjury under the laws of the State Date: TODAY'S DATE	of California that th	e foregoing is true and correct.	
PRINT YOUR NAME HERE	•	SIGN YOUR NAME I	1ERE
(TYPE OR PRINT NAME) Date:		(SIGNATURE OF RESPOND	DENT)
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR	RESPONDENT)
FOR MORE INFORMATION: Read Legal Steps for a Divor at www.familieschange.ca.gov — an online guide for pare			Families Change"
NOTICE: You may redact (black out) social security number form used to collect child, spousal or partner support.	ers from any written	material filed with the court in this o	case other than a
NOTICE—CANCELLATION OF RIGHTS: Dissolution or legar or spouse under the other domestic partner's or spouse's we survivorship rights to any property owned in joint tenancy, a domestic partner or spouse as beneficiary of the other partners well as any credit cards, other credit accounts, insurance should be changed or whether you should take any other a spouse or a court order.	vill, trust, retirement and any other simila ner's or spouse's lif e polices, retiremen	plan, power of attorney, pay-on-de r thing. It does not automatically ca e insurance policy. You should revi t plans, and credit reports, to deter	ath bank account, uncel the right of a ew these matters, mine whether they
The original response must be filed	in the court with n	roof of service of a copy on Petit	rioner

FL-120 [Rev. January 1, 2020]

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FC-103/GC-120					
NAME: YOUR NAME							
FIRM NAME: STREET ADDRESS YOUR ADDRESS		SAMPLE					
CITY: CITY, STATE, ZIP CODE	E: ZIP CODE:						
TELEPHONE NO. VOLID TELEDHONE NILIMB	FR O.:	ONLY					
ATTORNEY FOR (name):							
SUPERIOR COURT OF CALIFORNIA, COUNTY OF F	resno	DO NOT					
STREET ADDRESS: 1130 "O" Street, MAILING ADDRESS: 15							
CITY AND ZIP CODE: Fresno CA 93/24-2220	·	WRITE ON					
BRANCH NAME: Central Division							
(This section applies to cases other the PETITIONER: YOUR SPOUSE/REGISTERED DO	an probate quardianships.) MESTIC PARTNER'S NAME	THIS COPY!					
RESPONDENT: YOUR NAME							
OTHER PARTY:		_					
CHILD'S NAME (Juvenile cases only):	CHECK THE te quardia APPROPRIATE BOX						
(This section applies only to proba GUARDIANSHIP OF (name): LEAVE BLA	NK NK	CASE NUMBER:					
Employee-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militaria-militar	VIIIOI VIIITOI	COURT CASE NUMBER					
	DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)						
	eding to determine custody of a child	the authorized representative of the					
		his proceeding to determine custody of a child					
	E IN THE NUMBER OF CHILDREN children who are subject to this procee						
Full Name	Date of birth	Place of birth (city and state)					
a. OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN					
b. NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN					
c. NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN					
d. NEXT OLDEST CHILD'S NAME	MM/DD/YYYY	CITY & STATE WHERE CHILD WAS BORN					
Sheck this box if you need to lis CHECK	THIS BOX IF MC-020 or a separate	piece of paper, write "FL-105, Attachment 2,					
Additional Children" at the top, APPLIC		onal child, and attach to this form.)					
3. a. Check this box if there is only one chi (Provide the current address CHECK THIS	BOX IF	have lived together for the past five years.					
address is confidential unde APPLICABL	E , check the box and provide	le only the state of residence.)					
Dates of residence	1100111011	nild lived with and Relationship					
		e current address JRRENT ADDRESS RELATIONSHIP					
MM/DD/YYYY MM/DD/YYYY FO	R THE CHILD OF PERSON	CHILD LIVES WITH OF PERSON					
Con	fidential (list state only) Confiden	tial (list state only) TO CHILD					
	HE CHILD'S						
THAT CHILD THAT CHILD		E & CURRENT SS OF PERSON RELATIONSHIP					
E LIVING LIVING		IVED WITH FOR HIT OF PERSON H					
AT EACH ADDRESS G	. L	FIVE YEARS GO TO CHILD					
F To	BOXES IN TH	IESE BOXES					
Additional addresses are listed on Att	l achment 3a. <i>(Form <u>MC-020</u> may be us</i>	sed for this purpose.)					
b. Check this box if there is more than o	ne child and all the children have not li	ved together for the past five years. (Attach					
form FL-105(A)/GC-120(A) and list ea	ich other child's current address and th	eir residence history for the past five years.) Page 1 of 2					
	EN) HAS LIVED AT MORE THAN 4 ADDR						

IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX b. AND COMPLETE FORM FL-105(A)/GC-120(A)

C/	ASE NAME: OTHER F	PARTY'S <u>LA</u>	ST NAM	IE VS YOUR <u>LAST</u> I	NAM	E		CASE NUMBER:	T CAS	SE NU	MBER
4.	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 numb	er (na	Court ame, state or tribe, location)	orj	ourt order judgment <i>(date)</i>	Name	e of each child	conne	our ction to case	Case status
	a. Family b. Probate Guardianship c. Other	DE,	ALS WI	COURT IF THER ITH THE CUSTOD N) IN THIS CASE. TION IN THIS SEC	Y A . IF "	ND/OR V ' <u>YES</u> ", CO	ISITAT OMPL	TION OF THE ETE THE	İ		
	Proceeding		Case	Number			Cou	rt (name, state	or tribe,	location	 1)
	d. Juvenile										
	e. Adoption							· · · · · · · · · · · · · · · · · · ·			
5.	One or more dome	estic violence <i>llowing inforn</i>	restrair nation):	ning/protective orders	are	now in effe	ect. (At	tach a copy of i	the orde	ers if you	have one
	Court	Count	у	State or Tribe		Case N	Numbei	(if known)	Or	ders exp	ire (date)
	a. Criminal					***************************************	***************************************				
	b. Family			HECK THIS BOX I				1			
	c. Juvenile		COM	PLETE THE INFO	RMA	ATION IN	THIS	SECTION			
	d. Other										
6.	6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? Yes (If yes, provide the following information): a. 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										
	Has physical custo	•		Has physical cu				Has phy			· ·
	Claims visitation ri			Claims visitatio	_			Claims custody rights Claims visitation rights			
	Name of each child:		1	Name of each child:	***************************************			Name of each	child:		***************************************
7.	Number of pages	attached:						J L			
	eclare under penalty of pe	*****	 he lawe	of the State of Califo	nrnia	that the for	regoina	i is true and co	rract		
	te: TODAY'S DAT	TECHNOLOGY .	iic iaws	or the otate of callic	mila	mat the iUi	- egoing	is true ariu co	neol.		
	PRINT YOU		HERE	***************************************		· [SIG	N YOUR N	AMF	HERF	
		F DECLARANT)			_	1		(SIGNATURE OF E		NORTH AND DESCRIPTION OF THE PARTY OF THE PA	
	NOTICE TO DECLARA	NT: You hav	e a con	tinuing duty to info	rm th	nis court if	f you o	btain any info	rmatio	n about	a custody

proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105(A)/GC-120(A)

CASE NAME:

OTHER PARTY'S LAST NAME VS YOUR LAST NAME

CASE NUMBER:

COURT CASE NUMBER

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

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b.	Name of child:	NEXT OLDEST	T CHILD'S NAME	(Provide the child's current address an	d their residence
				under Family Code section 3429, chec	k the box and
	•	state of resident	•	lin item 20 on form El 105/CC 120 //	inat the same
	J	e information is tr e information bel	<u> </u>	in item 2a on form FL-105/GC-120. (If	not the same,
CHECK THIS	provide in	e illioittialioti bei			
BOX IF THE	1	residence	Residence	Person child lived with (name and	Relationship
CHILDREN	(Mont	h/Year)	(City, State)	complete current address)	
HAVE BEEN	From:	To present	CURRENT ADDRESS	NAME & CURRENT ADDRESS	RELATIONSHIP OF PERSON
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD	OF PERSON CHILD LIVES WITH	TO CHILD
THE SAME	L		Confidential (list state only)	Confidential (list state only)	
ADDRESSES	From:	To:			
·			IF THIS CHILD HAS NOT		
	From:	To:	LIVING AT THE SAME AL	1	
			AS THE CHILD ABOVE, F		
			LIVING FOR THE PAST 5		
	From:	То:			
	From:	To:	 		
2 6	Nama of shild:	NEYT OI DEST	T CHILD'S NAME	(Provide the child's current address an	d their residence
3. b	history for the pa	ast five vears. If	f the current address is confidential i	under Family Code section 3429, chec	k the box and
		state of residence		,	
7				l in item 2a on form FL-105/GC-120. (//	not the same,
	provide the	e information bel	low.)		
CHECK THIS	Dates of	residence	Residence	Person child lived with (name and	Relationship
BOX IF THE	(Monti	h/Year)	(City, State)	complete current address)	Kelationship
CHILDREN HAVE BEEN	From:	To present	CURRENT ADDRESS	NAME & CURRENT ADDRESS	RELATIONSHIP
LIVING AT	MM/DD/YYYY	MM/DD/YYYY	FOR THE CHILD	OF PERSON CHILD LIVES WITH	OF PERSON TO CHILD
THE SAME	[WIWI/DD/TTTT]		Confidential (list state only)	Confidential (list state only)	10 Office
ADDRESSES	From:	To:	Confidential (list state offly)	Confidential (list state only)	<u> </u>
	rioiņ.	10.	IF THIS CHILD HAS NOT	REEN	
			LIVING AT THE SAME AD	1	
	From:	To:	AS THE CHILD ABOVE, FI		
			WHERE THE CHILD HAS		
			LIVING FOR THE PAST 5	YEARS	
	From:	То:			
	Erom:	To:	+		
	From:	10.			
	L	1		Marian Company	Page of

FL-105(A)/GC-120(A)

CASE NAME:

OTHER PARTY'S LAST NAME VS YOUR LAST NAME

CASE NUMBER:

COURT CASE NUMBER

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

Instructions: If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

	history for the p provide only the	NEXT OLDEST ast five years. If state of residence	ce.)	(Provide the child's current address ar I under Family Code section 3429, chec	k the box and
OUEOK TUIO		e information is the information bel		ed in item 2a on form FL-105/GC-120. (<i>II</i>	f not the same,
CHECK THIS BOX IF THE CHILDREN	ll .	residence h/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
HAVE BEEN LIVING AT	From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON
THE SAME ADDRESSES	MM/DD/YYYY	MM/DD/YYYY	Confidential (list state only)	Confidential (list state only)	TO CHILD
	From:	То:	IF THIS CHILD HAS NO	OT BEEN	
	From:	То:	LIVING AT THE SAME A AS THE CHILD ABOVE, WHERE THE CHILD HA	ADDRESS FILL OUT	
	From:	То:	LIVING FOR THE PAST	5 YEARS	
	From:	То:			n. (**). (*). (*). (*). (*). (*). (*). (*
	history for the pa provide only the Residence	ast five years. If state of residend	ce.) ne same as given for the child liste	(Provide the child's current address and under Family Code section 3429, check to in item 2a on form FL-105/GC-120. (If	k the box and
BOX IF THE CHILDREN	•	residence h/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
HAVE BEEN LIVING AT	From: MM/DD/YYYY	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
THE SAME ADDRESSES	From:	To:	Confidential (list state only)	Confidential (list state only)	
	110111.	10.	IF THIS CHILD HAS NO LIVING AT THE SAME A		
	From:	То:	AS THE CHILD ABOVE, F WHERE THE CHILD HA LIVING FOR THE PAST 9	S BEEN	
	From:	То:			
	From:	То:			
'	<u> </u>	Management of the second secon			Page of

EL -140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State E	Bar number, and address):	1 6 17
YOUR ADDRESS		SAMPLE
CITY, STATE, ZIP CODE		SAIVII LL
YOUR TELEPHONE NUMBER	NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR	ONLY
E-MAIL ADDRESS:	<u>FORMS</u>	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY	V OF ERESNO	DO NOT
STREET ADDRESS: 1130 "O" Street,	TRESIVO	MAIDITE ON
MAILING ADDRESS: Fresno CA 93724-2	2220	WRITE ON
CITY AND ZIP CODE: BRANCH NAME: Central Division		THIS CODY!
PETITIONER: YOUR SPOUSE/RESPONDENT: YOUR NAME	THIS COPY!	
OTHER PARENT/PARTY:		
Petitioner's CHECK WHICH PARTY YOU ARE		COURT CASE NUMBER

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

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

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

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the

Response. The time periods may be extended by	y written agreement of the parties or by court order (see Family Code section 2104(f)).
	YOU COMPLETED A SCHEDULE OF ASSETS AND DEBTS <u>OR</u> PROPERTY DECLARATION FOR COMMUNITY PROPERTY
Attached are the following:	AND/OR SEPARATE PROPERTY, CHECK APPROPRIATE BOX AND SPECIFY THE BOX FOR WHICH TYPE OF PROPERTY
	Debts (form FL-142) or Property Declaration (form FL-160) for (specify):
	y Property Separate Property.
2. Accompleted Income and Expense De	eclaration (form FL-15) YOU ARE REQUIRED TO EXCHANGE THIS FORM ONLY TO THE OTHER PARTY, BUT YOU ONLY HAVE TO FILE IT WITH THE COURT IF YOU ARE ASKING FOR SUPPORT ORDERS
3. All tax returns filed by the party in the	two years before the date that the party served the disclosure documents.
community has an interest <i>(not a form</i>	Information regarding valuation of all assets that are community property or in which the IF THERE ARE NO COMMUNITY ASSETS, CHECK BOX 4 AND WRITE "NO ASSETS"; IF THERE ARE ASSETS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE Information regarding obligations for which the community is liable (not a form).
	IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS"; IF THERE closure of any investriare debts, fill out an FL-160 and write that form number in this space
opportunity presented since the date	of separation that results from any investment, significant business, or other income-
producing opportunity from the date of	f marriage to the date of separation (not a form).
IF THERE ARE NO INVESTMEN	IT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS INESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY, DESCRIBE IT HERE OR IN AN ATTACHMENT
I declare under penalty of perjury under the laws	of the State of California that the foregoing is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME HERE (TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

SIGNATURE

Page 1 of 1

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142 ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.: SAMPLE ONLY YOUR NAME DO NOT WRITE ON **YOUR ADDRESS** CITY, STATE, ZIP CODE THIS COPY! ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME CASE NUMBER: **SCHEDULE OF ASSETS AND DEBTS** CHECK WHICH COURT CASE NUMBER Petitioner's Respondent's PARTY YOU ARE

- INSTRUCTIONS -

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

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For

ITEM NO. ASSETS DESCRIPTION	SI	Р. ЮР	DATE ACQUIRED	CURRENT GROSS FAIR MARKET	AMOUNT OF MONEY OWED OR ENCUMBRANCE
REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)				\$	\$
LIST EACH ADDRESS			AND AFTER RECEIVED GIFT (AT AN DURING TH	SSETS YOU BOT R SEPARATION; A FROM ANY INHEF NY TIME); AND AN E MARRIAGE	AND ANYTHING RITANCE OR NYTHING
				HERE IS NONE, P DER THAT CATEO	
					·
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.)					
DESCRIBE THE SPECIFIC PIECES/ ITEMS YOU NEED DISTRIBUTED					
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)					

Page 1 of 4

		176		110	
ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4. VEHICLE	S, BOATS, TRAILERS (Describe and attach copy of ment.)			\$	\$
	LIST THE YEAR, MAKE, MODEL, VIN #, ETC.			CONTINUE LISTING	
	ACCOUNTS (Account name, account number, branch. Attach copy of latest statement.)		AF	ITEMS AND TH PPROPRIATE MON AMOUNTS	
	LIST THE BANK NAME AND ACCOUNT #				
	G ACCOUNTS (Account name and number, bank, h. Attach copy of latest statement.)				
	LIST THE BANK NAME AND ACCOUNT #				
	JNION, OTHER DEPOSIT ACCOUNTS (Account number, bank, and branch. Attach copy of latest number.)				
8. CASH <i>(Gi</i>	ve location.)				
9. TAX REFU	JND				
	JRANCE WITH CASH SURRENDER OR LOAN Attach copy of declaration page for each policy.)				

ITE	EM ACCETS DESCRIPTION	SEP.	DATE	CURRENT GROSS FAIR MARKET	AMOUNT OF MONEY OWED OR
NO	ASSETS DESCRIPTION D.	PROP	ACQUIRED	VALUE	ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or			\$	\$
	copy of latest statement.)			CONTINUE LIST ITEMS AND APPR MONETARY AM	OPRIATE
12	RETIREMENT AND PENSIONS (Attach copy of latest				
	summary plan documents and latest benefit statement.) LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT #				
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)		·		
16.	OTHER ASSETS				
		TO	TAI THE AM	OUNTS IN THESE	COLUMNS IN 18
	TOTAL 100 TO FD011 2011 TO		TAE IIIE ANI		
17.	TOTAL ASSETS FROM CONTINUATION SHEET			├. ₩	Ψ
18.	TOTAL ASSETS			\$	\$

FL-142 [Rev. January 1, 2005]

ITEM NO.	DEBTS-SHOW TO WHOM OWED	1	SEP. PROP	TOT		DATE INCURRED
				\$		
19. ST	TUDENT LOANS (Give details.)	LIST THE DE AND AFTER DURING THI	SEP	ARATION		
20. TA	XES (Give details.)	NOTE: IF TH				
21. SL	JPPORT ARREARAGES (Attach copies of orders and statements.)					
	DANS - UNSECURED (Give bank name and loan number and attach atement.)	copy of latest				
	REDIT CARDS (Give creditor's name and address and the account napy of latest statement.)	umber. Attach				
24. OT	HER DEBTS <i>(Specify.):</i>					
		TOTAL T	HE D	EBT AM	OUNTS	IN THIS COLUMN
25. TO	TAL DEBTS FROM CONTINUATION SHEET					
26 _. TOT	TAL DEBTS			\$ \	↓	
27.	(Specify number): pages are attached as continuation	sheets.				
genne	e under penalty of perjury under the laws of the State of California the	at the foregoing	is true	and corre	ect.	
-	PRINT YOUR NAME HERE	SIG	N Y	OUR NA	ME H	ERE
	(TYPE OR PRINT NAME)		(SIG	NATURE OF D	ECLARANT)	and the second s

A DTY (AUTHOLIT ATTORNEY OF ATTORNEY			1
ARTY WITHOUT ATTORNEY OR ATTORNEY JAME YOUR NAME	STATE BAR	R NUMBER:	FOR COURT USE ONLY
YOUR ADDRESS			SAMPLE
TRE(_		9, 11111 ==
CITY, STATE, ZIP COD		ZIP CODE:	ONLY
ELEF YOUR TELEPHONE NU -MAIL ADDRESS:			
TTORNEY FOR (name):		UR NAME AND THE OTHER PARTY VAY THROUGHOUT YOUR FORMS	
L SUPERIOR COURT OF CALIFORNIA,			
STREET ADDRESS: 1130 "O" Street			VALDITE ON
MAILING ADDRESS: Fresho CA 9372			WRITE ON
BRANCH NAME: Central Division			TIUS 60 DVI
\$		」 ERED DOMESTIC PARTNER':	THIS COPY!
RESPONDENT:			
OTHER PARTY/PARENT/CLAIMANT	L		
			CASE NUMBER:
INCOME AND	EXPENSE DECLAR	RATION	COURT CASE NUMBER
Employment (Oire information	on Hour assument into the second	Voulse unemplayed very	ant recent ich)
Employment (Give information	on your current job or, if	you're unemployed, your m	FILL OUT YOUR EMPLOYER'S
Attach copies h Employer's add	ress:		INFORMATION HERE. IF YOU DO
of your pay c. Employer's additional tubs for last c. Employer's pho			NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST
wo months d. Occupation:	•		JOB AND WHEN YOUR JOB ENDED
black out e. Date job started			(NAME OF EMPLOYER, ADDRESS,
ocial f. If unemployed,	date job ended:		PHONE NUMBER, JOB TITLE, DATE
		- u e	
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Jo	hours pe gross (befor tach an 8 1/2-by-11-inc	e taxes) per month ch sheet of paper and list tTELL THE COURT A	of EMPLOYMENT AND SALARY) per week per hour. the same information as above for your other BOUT YOUR
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Arb. I have completed high schools. Number of years of college of the	hours per gross (before tach an 8 1/2-by-11-incobs" at the top.) GE Jor the equivalent: Jo	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Yes No If Degree(s) obt cify): LICENSES EARNE EAINING COMPLETED d of household ma	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifor GRADE FINITION ained (specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Arb. I have completed high school c. Number of years of college of the	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): school completed (specify): JOB TR syear (specify year): single head ith (specify name): California	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Ves No If Degree(s) obt cify): LICENSES EARNE EAINING COMPLETED d of household ma	per week per hour. the same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifGRADE FINITATION AND AND AND AND AND AND AND AND AND AN
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Arb. I have completed high schools. Number of years of college of the control of the	hours per gross (before tach an 8 1/2-by-11-incobs" at the top.) GE of or the equivalent: completed (specify): school completed (specify): JOB TR syear (specify year): single head ith (specify name): California of exemptions (including	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Ves No If Degree(s) obt (specify): LICENSES EARNE EAINING COMPLETED d of household ma other (specify state): g myself) on my taxes (specify state)	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifGRADE FINITALINATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANI HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Arb. I have completed high schools. Number of years of college of the control of the	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): school completed (specify): of occupational license(s) aining (specify): JOB TR syear (specify year): single head ith (specify name): California of exemptions (including the the gross monthly incomin): HOW MUCH DO YO	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Ves No If Degree(s) obt cify): LICENSES EARNE EAINING COMPLETED d of household ma other (specify state): g myself) on my taxes (specify) myself) on my taxes (specify) myself) of the other (before taxes) of the other UTHINK THE OTHER PARTY	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifGRADE FINI ained (specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANI HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.) ify): ner party in this case at (specify): \$ EARNS BEFORE TAXES? HOW DID YOU COME
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Arb. I have completed high schoold. Number of years of college of the c	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): coccupational license(s) aining (specify): JOB TR a year (specify year): single head ith (specify name): California of exemptions (including the the gross monthly incompleted in): HOW MUCH DO YOUP WITH THAT AMO	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Yes No If Degree(s) obt cify): LICENSES EARNE EAINING COMPLETED d of household ma other (specify state): g myself) on my taxes (specify) myself)	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifGRADE FINI ained (specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANH HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.) ify): her party in this case at (specify): \$ EARNS BEFORE TAXES? HOW DID YOU COME N, EXPLAIN WHY YOU DO NOT KNOW
g. I work about h. I get paid \$ you have more than one job, at bs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Arb. b. I have completed high school c. Number of years of college of d. Number of years of graduate e. I have: professional vocational tr Tax information a. I last filed taxes for tax b. My tax filing status is married, filing jointly w c. I file state tax returns in d. I claim the following number Other party's income. I estimate This estimate is based on (explayou need more space to answer.)	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): coccupational license(s) aining (specify): JOB TR (syear (specify year): single head ith (specify name): California cof exemptions (including the the gross monthly incompleted the gross month	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Ves No If Degree(s) obt cify): LICENSES EARNE EAINING COMPLETED d of household ma other (specify state): g myself) on my taxes (specify): Think the other Party OUNT? IF YOU DO NOT KNOW is form, attach an 8 1/2-by-	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifGRADE FINI ained (specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANI HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.) ify): ner party in this case at (specify): \$ EARNS BEFORE TAXES? HOW DID YOU COME
g. I work about h. I get paid \$ f you have more than one job, at the second of the sec	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): school completed (specify): coccupational license(s) aining (specify): JOB TR syear (specify year): single head ith (specify name): California California of exemptions (including the the gross monthly incompleted in): HOW MUCH DO YOU OUP WITH THAT AMO of any questions on this wer.) Number of pages	re taxes) per month ch sheet of paper and list to TELL THE COURT A EDUCATION INCLUID OR LICENSES YOU Tes No If Degree(s) obtooding the city): LICENSES EARNE EAINING COMPLETED do of household management of the city of th	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (specifGRADE FINI ained (specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANH HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.) ify): her party in this case at (specify): \$ EARNS BEFORE TAXES? HOW DID YOU COME N, EXPLAIN WHY YOU DO NOT KNOW
g. I work about h. I get paid \$ f you have more than one job, at bs. Write "Question 1—Other Job. Wage and education a. My age is (specify): YOUR A b. I have completed high schoold. b. I have completed high schoold. c. Number of years of college of d. Number of years of graduate e. I have: professional wocational tr. Tax information a. I last filed taxes for tax b. My tax filing status is married, filing jointly w. c. I file state tax returns in d. I claim the following number Other party's income. I estimate that is based on (explain the following number to the point of perjury unity attachments is true and correct.	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): school completed (specify): coccupational license(s) aining (specify): JOB TR syear (specify year): single head ith (specify name): California California of exemptions (including the the gross monthly incompleted in): HOW MUCH DO YOU OUP WITH THAT AMO of any questions on this wer.) Number of pages	re taxes) per month ch sheet of paper and list to TELL THE COURT A EDUCATION INCLUID OR LICENSES YOU Tes No If Degree(s) obtooding the city): LICENSES EARNE EAINING COMPLETED do of household management of the city of th	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (speciforation of specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANI HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.) ify): ner party in this case at (specify): \$ EARNS BEFORE TAXES? HOW DID YOU COME N, EXPLAIN WHY YOU DO NOT KNOW 11-inch sheet of paper and write the
g. I work about h. I get paid \$ f you have more than one job, at obs. Write "Question 1—Other Job. Age and education a. My age is (specify): YOUR Abb. I have completed high schoold. c. Number of years of college of d. Number of years of graduate e. I have: professional wocational troops at the professional form and the profess	hours per gross (before tach an 8 1/2-by-11-incoops" at the top.) GE of or the equivalent: completed (specify): school completed (specify): coccupational license(s) aining (specify): JOB TR syear (specify year): single head ith (specify name): California California of exemptions (including the the gross monthly incompleted in): HOW MUCH DO YOU UP WITH THAT AMO The rany questions on this wer.) Number of pages der the laws of the State	TELL THE COURT A EDUCATION INCLUI OR LICENSES YOU Ves No If Degree(s) obt cify): LICENSES EARNE EAINING COMPLETED d of household ma other (specify state): g myself) on my taxes (specify) THINK THE OTHER PARTY DUNT? IF YOU DO NOT KNOW IS form, attach an 8 1/2-by- s attached: e of California that the inform	of EMPLOYMENT AND SALARY) per week per hour. The same information as above for your other BOUT YOUR DING ANY DEGREES EARNED no, highest grade completed (speciforation of specify): DEGREE EARNED egree(s) obtained (specify): DEGREE EARNED FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.)ANI HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.) ify): ner party in this case at (specify): \$ EARNS BEFORE TAXES? HOW DID YOU COME N, EXPLAIN WHY YOU DO NOT KNOW 11-inch sheet of paper and write the

maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: YOUR	R SPOUSE/F	REGISTERED DO	MESTIC PA	RTNER'S	NAME UMBER:	
RESPONDENT: YOUR	RNAME				COURT C	ASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:					L	
The following people live with me:						
News	٨٥٥	How the perso			rson's gross	Pays some of the
Name	Age	related to me (ex: son)	monthly	income	household expenses?
a. LIST ANYONE WHO	LIVES WITH	YOU (INCLUDIN	G CHILD(R	EN). ROO	MATES.	Yes No
FAMILY, ETC.), THEIR	AGE, THEI	R RELATION TO	YOU, HOW	MUCH TH	IEY MAKE	Yes No
d. BEFORE TAXES, AND	WHETHE	R THEY PAY ANY	EXPENSE	S FOR TH	IE HOME	Yes No
e.						Yes No
Average monthly expenses	Estimated	expenses	Actual	expenses	Propo	osed needs <u>CHECK C</u>
a. Home:			1 1 - 1	ALL OF IONTHLY	aning	\$
(1) Rent or mortga	ıge \$		41	NSES		\$
If mortgage:						
(a) average principal: \$		-/ \	***************************************		ifts, and vacation	<u> </u>
(b) avolago interest.		-/ \		•	and transportatio , repairs, bus, etc	-1
(2) Real property taxes		r/	`		accident, etc.; do	,
(3) Homeowner's or renter's insuran (if not included above)		1			nealth insurance)	
(4) Maintenance and repair			n. Saving	s and inv	estments	\$
b. Health-care costs not paid by insura			o. Charita	ble contr	ibutions	\$ <u> </u>
c. Child care		1			nts listed in item	
d. Groceries and household supplies			/		n 14 and insert to	otal here) \$
e. Eating out			q. Other (specify):		\$
f. Utilities (gas, electric, water, trash)		1			SES (a-q) (do no	ot add in
			the am	ounts in a	a(1)(a) and (b))	
g. Telephone, cell phone, and e-mail		\rightarrow	***************************************	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	enses paid by o	thers \$
		/	1	UP ALL	THE STED FOR	WRITE HOW MUCH OF THE
Installment payments and debts not I	isted abov	/e /	1	AL TO PU	0.ED. 0	ENSES ARE PAID BY OTHE
Paid to	For		X	Amoun	t Balance	Date of last payment
		1		\$	\$	
LIST HERE ANY P						
MORTGAGES, CREDIT	,					
PAYMENT. ADD UP ALL	OF THE MO	ONTHLY PAYMEN	NT AMOUN	TS AND P	UT THE TOTAL IN	ITEM 13. p.
				\$	\$	
				\$	\$	
				\$	\$	
						MOLETE OFOT!
Attorney fees (This information is requi	ired if eithe	r party is reques	ting attorn	ey fees):		MPLETE SECTION
a. To date, I have paid my attorney this					<u>15.</u> IF	YOU HAD AN
b. The source of this money was (spec					ATTOR	NEY AND WANT
c. I still owe the following fees and cos	ts to my at	torney (specify to	otal owed):	\$		HER PARTY TO
d. My attorney's hourly rate is (specify)	:					
onfirm this fee arrangement.					PAT FUR	YOUR ATTORN
					IIIII EOC	•
DO NOT	GICN	ON TH	CDV	CL		. I
te: DO NOT						
		ON TH				

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME IBER:	FL-150
	T CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT:	
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	1
16. Number of children WRITE IN THE NUMBER OF MINOR CHILD(REN) TOO HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM	
a. I have (specify number): children under the age of 18 with the other par	rent in this case.
	ne with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting sch	edule 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 same annual	
17. Children's health-care expenses (a. I do I do not have health insurance available to me for the children through my ice	
inate install installation available to the for the similar in additing jo	
 b. Name of insurance company: c. Address of insurance company: 	ANCE FOR THE CHILDREN
IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR	
 d. The monthly cost for the children's health insurance is or would be (specify): \$ (Do not include the amount your employer pays.) 	
18. Additional expense for the children in this case	
a. Childcare so I can work or get job training	nonth
b. Children's health care not covered by insurance\$	WRITE IN
c. Travel expenses for visitation\$	ANY OTHER EXPENSES IF
d. Children's educational or other special needs (specify below):\$	IT APPLIES
19. Special hardships. I ask the court to consider the following special financial circumstances THE I	MS a c. AND DESCRIBE HARDSHIP BELOW
a. Extraordinary health expenses not included in 18b	For how many months?
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):	\bigvee
	ESE EXPENSES CREATE INANCIAL HARDSHIP
20. Other information I want the court to know concerning support in my case (specify):	NAMES TO A STATE OF THE STATE O
WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS C	CASE

. 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.	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY		SAMPLE
PANNO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS		
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: PROOF OF SERVICE BY MAIL OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS		ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS WRITE ON THIS COPY! CASE NUMBER: CASE NUMBER: COURT CASE NUMBER (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.: OTICE: To serve temporary restraining orders you must use personal service (see form FL-330).		DO NOT
THIS COPY! THIS COPY. THE COPY. THE COPY. THE COPY. THE COPY. THE COPY. THE COPY.		DO NOT
THIS COPY! Fresno CA 93724-2220 Central Division PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL IOTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO	│ │ WRITE ON
Central Division PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	1130 O Street,	THIS COPY!
PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL DEPT.: HEARING TIME: DEPT.: DEPT.: IOTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	CITY AND ZIP CODE: Fresno CA 93/24-2220	I HIS COPY!
RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	BRANCH NAME: Central Division	
RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY: PROOF OF SERVICE BY MAIL HEARING TIME: DEPT: DEPT: OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	PETITIONER/PLAINTIFF: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	
PROOF OF SERVICE BY MAIL OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	RESPONDENT/DEFENDANT: YOUR NAME	
OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	OTHER PARENT/PARTY:	HEARING DATE:
OTICE: To serve temporary restraining orders you must use personal service (see form FL-330). 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. My residence or business address is: SERVER'S ADDRESS	PROOF OF SERVICE BY MAII	HEARING TIME:
 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. My residence or business address is: SERVER'S ADDRESS	TROOF OF SERVICE BY MALE	DEPT.:
place. My residence or business address is: SERVER'S ADDRESS	OTICE: To serve temporary restraining orders you must use personal service (see f	orm FL-330).
SERVER'S ADDRESS		yed in the county where the mailing took
	. My residence or business address is:	
SERVER O OTT, OTATE, AND ZII OODE		
	SERVERY SOFT, STATE, AND ZII SOBE	
	WRITE IN THE NAME(S) AND THE FORM(S) OF THE	

by enclosing them in an envelope AND CHOOSE ONE

DOCUMENTS BEING SERVED ON THE OTHER PARTY

integral 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
- I served DO NOT CHECK ITEM 5.

dy, visitation, or child support judgment or permanent order which included an address **UNLESS YOU ARE** tion Regarding Address Verification—Postjudgment Request to Modify a Child **INCLUDING FL-334** er (form FL-334) may be used for this purpose.) Custody

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



SERVER SIGNS HERE

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

Form Approved for Optional Use Judicial Council of California FL-335 [Rev. January 1, 2012]



(TYPE OR PRINT NAME)

BLANK FORMS

(To be Completed)

		1 L-120
PARTY WITHOUT ATTORNEY OR A	TTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.: :	
E-MAIL ADDRESS:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ATTORNEY FOR (name):		
SUPERIOR COURT OF CAL	IFORNIA, COUNTY OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
RESPONSE	■ AND REQUEST FOR ■ AMENDED	CASE NUMBER:
Dissolution (Divo	rce) of:	
Legal Separation		
Nullity of:	Marriage Domestic Partnership	
c. We are domestic	partners and our domestic partnership was established in C partners and our domestic partnership was NOT established mENTS (check all that apply):	d in California.
b. Our domestic parto dissolve our parto. We are the same dissolve, our market Petitioner lives in	e sex, were married in California, but currently live in a jurisdirriage. This <i>Petition</i> is filed in the county where we married.	pe a resident or have a domicile in California
3. STATISTICAL FACTS		
b. (1) Registration of	te of marriage to date of separation (specify): Yet date of domestic partnership with the California Secretary of (2) Date of separa	ears Months State or other state equivalent (specify below): ation (specify):
(3) Time from da	te of registration of domestic partnership to date of separatio	on (specify): Years Months
4. MINOR CHILDREN		
a. There are no min b. The minor childre Child's name		<u>Age</u>
c. If any children were be be children of the mar d. If there are minor child and Enforcement Act	ed on Attachment 4b. (2) a child who is not yet be a child who is not	as the authority to determine those children to Under Uniform Child Custody Jurisdiction

		FL-1:
PETITIONER: RESPONDENT:	CASE NUMBER:	
Respondent requests that the court make the following orders: 5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312) a. Respondent contends that the parties never legally married or registered a domes b. Respondent denies the grounds set forth in item 5 of the petition. c. Respondent requests (1) Divorce Legal separation of the marriage or domestic partnershi (a) irreconcilable differences. (b) permanent legal incapacity to	p based on	
(2) Nullity of void marriage or domestic partnership based on(a) incest. (b) bigamy.		
(3) Nullity of voidable marriage or domestic partnership based on (a) respondent's age at time of registration of domestic partnership or marriage. (b) prior existing marriage or domestic partnership. (c) unsound mind. (d) fraud. (e) force. (f) physica	ıl incapacity.	
6. CHILD CUSTODY AND VISITATION (PARENTING TIME) Petitioner Res	pondent Joint Othe	er
a. Legal custody of children to		
7. CHILD SUPPORT	<u> </u>	
 a. If there are minor children born to or adopted by Petitioner and Respondent before or do partnership, the court will make orders for the support of the children upon request and requesting party. b. An earnings assignment may be issued without further notice. c. Any party required to pay support must pay interest on overdue amounts at the "legal" red. Q Other (specify): 	submission of financia	I forms by the
8. SPOUSAL OR DOMESTIC PARTNER SUPPORT a. Spousal or domestic partner support payable to Petitioner Respond b. Terminate (end) the court's ability to award support to Petitioner Res c. Reserve for future determination the issue of support payable to Petitioner d. Other (specify):	spondent	
9. SEPARATE PROPERTY		
 a. There are no such assets or debts that I know of to be confirmed by the court. b. Confirm as separate property the assets and debts in Property Declaration (the following list. Item 	(form <u>FL-160</u>).	<u>ttachment 9b</u> . <u>o</u>



PETITIONER: RESPONDENT:	CASE NUMBER:				
10. COMMUNITY AND QUASI-COMMUNITY PROPERTY a. There are no such assets or debts that I know of to be divided by the b. Determine rights to community and quasi-community assets and debtermine in Property Declaration (form FL-160). in Attachment 1 as follows (specify):	ots. All such assets and debts are listed				
11. OTHER REQUESTS a. Attorney's fees and costs payable by Petitioner b. Respondent's former name be restored to (specify): c. Other (specify):	Respondent				
Continued on Attachment 11c. I declare under penalty of perjury under the laws of the State of California that the Date:	ne foregoing is true and correct.				
(TYPE OR PRINT NAME) Date:	(SIGNATURE OF RESPONDENT)				
Date.					
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)				
FOR MORE INFORMATION: Read Legal Steps for a Divorce or Legal Separation (form FL-107-INFO) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.					
NOTICE: You may redact (black out) social security numbers from any written form used to collect child, spousal or partner support.	material filed with the court in this case other than a				
NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may or spouse under the other domestic partner's or spouse's will, trust, retirement survivorship rights to any property owned in joint tenancy, and any other similar domestic partner or spouse as beneficiary of the other partner's or spouse's lift as well as any credit cards, other credit accounts, insurance polices, retirement should be changed or whether you should take any other actions. Some change spouse or a court order.	t plan, power of attorney, pay-on-death bank account, ar thing. It does not automatically cancel the right of a fe insurance policy. You should review these matters, and credit reports, to determine whether they				

ATT	ORNEY OR PARTY WITH	HOUT ATTORNEY	STATE BAI	R NUMBER:		FOR COUR	RT USE ONLY
NAM	IE:						
FIRM	M NAME:						
STR	EET ADDRESS:						
CITY	/ :		STATE:	ZIP CODE:			
TELI	EPHONE NO.:		FAX NO.:				
EMA	AL ADDRESS:						
ATT	ORNEY FOR (name):						
su	PERIOR COURT O	F CALIFORNIA, CO	OUNTY OF				
STI	REET ADDRESS:						
MA	ILING ADDRESS:						
CITY	AND ZIP CODE:						
	BRANCH NAME:						
ı	(This se PETITIONER: RESPONDENT:	ection applies to ca	ases other than proba	te guardiansh	ıps.)		
l	OTHER PARTY: ILD'S NAME (<i>Juve</i>	nile cases only):					
GU	<i>(Thi</i> ARDIANSHIP OF <i>(</i>		only to probate guardi	anship cases.)	CASE NUMBER:	
	,				Mino	r	
			ER UNIFORM CHI				
	00.111			-			
1.	I am (check one)	: a party to	o this proceeding to de			the authorized re this proceeding to deter	presentative of the mine custody of a child.
2.	There are (special		minor children v			eeding, as follows (list old	
		Full Name		Date o	of birth	Place of birth (city and state)
	a.						
	b.						
	c.						
	d.			6 140 00	20		TI 405 Attachment 0
						te piece of paper, write "i tional child, and attach to	
			•				
3.	a Check	this box if there is	only one child <i>or</i> if all	of the children	n listed in item	2 have lived together for	r the past five years.
						tory for the past five yea ride only the state of resid	
			Resider			child lived with and	1
		of residence onth/Year)	(City, Sta			ete current address	Relationship
	From:	To present					
			Confidential (lis	st state only)	Confide	ential (list state only)	
	From:	То:					
	From:	То:					
	From:	То:					
	From:	То:					
	A =1=1243		listed on Attachmant	20 (Earn MC	1 020 may ba	used for this nurness 1	
	b. Check	this box if there is	more than one child a	ind all the chil	dren <i>have not</i>	used for this purpose.) lived together for the par their residence history fo	st five years. (Attach
	IOIIII FL	100(A)/GU-120(/	ny and hist each other	omia s currem	. addiess aild		Page 1 of 2

·····						FL	105/GC-120	
CAS	E NAME:				CASE NUMBER:			
4. E	Do you have information por custody or visitation p	proceeding, in Ca	you participated as a par difornia or elsewhere, co a copy of the orders if y	ncerning a child	d subject to this proce	eding?	ner court case	
	Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status	
á	a Family							
k	o. Probate Guardianship							
C	c. Other							
	Proceeding	(Case Number		Court (name, state	or tribe, location	n)	
c	d. Juvenile							
E	e. Adoption							
5. [and provide the fo	llowing information		T		T	***	
_	Court	County	State or Tribe	Case I	Number (if known)	Orders exp	oire (date)	
a	a. Criminal							
k	o Family						·····	
C	c. Juvenile							
C	d. Other							
0	Oo you know of any per or visitation with any chi or Name and address o	ld in this case?	party to this proceeding Yes No b. Name and addres	(If yes, provi	ide the following inforr			
					·			
	Has physical custo Claims custody rig Claims visitation ri	ody rights Claims custody rig ation rights Claims visitation ri		y rights	hts Claims custo ghts Claims visita		stody rights sitation rights	
	vame of each Cilliu.		Name of each child:		Name of eac	ii Gilia.	<u></u>	
_ 7. [Number of pages	attached:						
dec	lare under penalty of p	erjury under the	- aws of the State of Calif	ornia that the fo	regoing is true and co	orrect.		
Date	:							
	(NAME C	DF DECLARANT)		<u> </u>	(SIGNIATURE OF	DECLADANT\		
	(INAIVIE C	" PLOLANAINI)			(SIGNATURE OF	DEGLARANT)		

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

FL-	105	(A)	/G	C-1	20	(A)
1	100	-	\cdot	U- 1		\sim

				1 4-1	03(A)/GC-120(A)
CASE NAM	1E:			CASE NUMBER:	
nstruction	ns: If all the chi	ildren subiect to th	e proceeding have not lived togeth	CTION AND ENFORCEMENT AC er for the last five years, use as many rely, and attach all pages to form FL-10	copies of this form 5/GC-120.
3. b	provide only to	past five years. I he state of resider	nce.) the same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, che ed in item 2a on form FL-105/GC-120.	ck the box and
		of residence nth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present	Confidential (list state only)	Confidential (list state only)	
	From:	To:	Commonment (not state only)		
	From:	То:			
	From:	То:			
	From:	То:			
3. b	provide only to	past five years. I he state of resider	nce.) the same as given for the child liste	(Provide the child's current address a I under Family Code section 3429, che ed in item 2a on form FL-105/GC-120.	ck the box and
	1	of residence nth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship
	From:	To present	Confidential (list state only)	Confidential (list state only)	
	From:	То:			
	From:	То:		·	
	From:	То:			
	From:	То:			

					NE(ANOO 400/A		
CASE NAM	1E:			CASE NUMBER:	05(A)/GC-120(A		
				CTION AND ENFORCEMENT ACT			
				ely, and attach all pages to form FL-10.			
3. b	provide only the	state of residen	he same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same,				
	1	residence h/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship		
	From:	To present	Confidential (list state only)	Confidential (list state only)			
	From:	То:	Confidential (list state only)	Offinderitial (Inst state drify)			
	From:	То:					
	From:	То:					
	From:	То:					
3. b	provide only the	state of residen	<i>ce.)</i> he same as given for the child liste	(Provide the child's current address as under Family Code section 3429, check the child in item 2a on form FL-105/GC-120. (I	ck the box and		
	Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship		
	From:	To present	Confidential (list state only)	Confidential (list state only)			
	From:	То:	Confidential (list state only)	Confidential (list state only)			

From: To present Confidential (list state only) Confidential (list state only)

From: To:

From: To:

From: To:

	FL-14				
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):					
TELEPHONE NO.: FAX NO.:					
E-MAIL ADDRESS:					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
STREET ADDRESS:					
MAILING ADDRESS: CITY AND ZIP CODE:					
BRANCH NAME:					
PETITIONER:					
RESPONDENT:					
OTHER PARENT/PARTY:					
DECLARATION OF DISCLOSURE	CASE NUMBER:				
Petitioner's Preliminary					
Respondent's Final					
DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL AT	TACHMENTS WITH THE COURT				
 In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration documents was completed or waived must be filed with the court (see form FL-141). In summary dissolution cases, each spouse or domestic partner must exchange prelimin Dissolution Information (form FL-810). Final disclosures are not required (see Family Col. In a default judgment case that is not a stipulated judgment or a judgment based on a magnetitioner is required to complete and serve a preliminary declaration of disclosure. A find (see Family Code section 2110). Service of preliminary declarations of disclosure may not be waived by an agreement be Parties who agree to waive final declarations of disclosure must file their written agreement. 	on stating that service of disclosure nary disclosures as described in Summary ode section 2109). narital settlement agreement, only the nal disclosure is not required of either party etween the parties.				
The petitioner must serve a preliminary declaration of disclosure at the same time as the Portion The respondent must serve a preliminary declaration of disclosure at the same time as the Response. The time periods may be extended by written agreement of the parties or by containing the periods of the parties of the par	Response or within 60 days of filing the				
Attached are the following:					
1. A completed Schedule of Assets and Debts (form FL-142) or A Property Community and Quasi-Community Property Separate Property.	Declaration (form FL-160) for (specify):				
2. A completed <i>Income and Expense Declaration</i> (form FL-150).					
3. All tax returns filed by the party in the two years before the date that the party se	erved the disclosure documents.				
4. A statement of all material facts and information regarding valuation of all assets community has an interest (not a form).	s that are community property or in which the				
5. A statement of all material facts and information regarding obligations for which the community is liable (not a form).					
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).					
I declare under penalty of perjury under the laws of the State of California that the foregoing	g is true and correct.				
Date:					
k					
(TYPE OR PRINT NAME)	SIGNATURE Page 1 of				

THIS FORM SHOULD NOT BE FILED WITH THE COURT

F	L	-	1	42
			_	

ATTORNEY OR PARTY WITHOUT AT	TTORNEY (Name and Address):	TELEPHONE NO.:			
ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
PETITIONER:					
RESPONDENT:					
_	CHEDULE OF ASSETS AND DEBTS Petitioner's Respondent's	;	CASE NUMBER:		

- INSTRUCTIONS -

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

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

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
	ATE (Give street addresses and attach copies of legal descriptions and latest lender's statement.)			\$	\$
2. HOUSEHO (Identify.)	LD FURNITURE, FURNISHINGS, APPLIANCES				
3. JEWELRY, (Identify.)	ANTIQUES, ART, COIN COLLECTIONS, etc.				

Page 1 of 4

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4. VEHICLES, title docume	BOATS, TRAILERS (Describe and attach copy of nt.)			\$	\$
	CCOUNTS (Account name, account number, ranch. Attach copy of latest statement.)				
	ACCOUNTS (Account name and number, bank, Attach copy of latest statement.)				
	ION, OTHER DEPOSIT ACCOUNTS (Account umber, bank, and branch. Attach copy of latest				
8. CASH (Give	location.)				
9. TAX REFUN	ID				
	ANCE WITH CASH SURRENDER OR LOAN ach copy of declaration page for each policy.)				



ITE	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)			\$	\$
12.	RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)				
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

FL-142 [Rev. January 1, 2005]

ITI N	DEBTS-SHOW TO WHOM OWED D.	SEP. PROP	TOTAL OWING	DATE INCURRED		
			\$			
19.	STUDENT LOANS (Give details.)					
20.	TAXES (Give details.)					
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.)					
22.	LOANS - UNSECURED (Give bank name and loan number and attach copy of latest statement.)					
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)					
24.	OTHER DEBTS (Specify.):					
			·			
25.	TOTAL DEBTS FROM CONTINUATION SHEET					
			\$			
26.	TOTAL DEBTS					
27.	(Specify number): pages are attached as continuation sheets.					
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:						
-	(TYPE OR PRINT NAME)	(SIG	GNATURE OF DECLARANT)		

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		2 2 3/11 332 5/12
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUN	TY OF	
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXP	ENSE DECLARATION	CASE NUMBER:
Attach copies of your pay stubs for last two months (black out Social Security numbers). (If you have more than one job, attach a jobs. Write "Question 1—Other Jobs" a 2. Age and education a. My age is (specify): b. I have completed high school or the c. Number of years of graduate school of your pay stubs for last two months (c. Number of years of graduate school or the complete doubt in th	hours per week. gross (before taxes) per month an 8 1/2-by-11-inch sheet of paper and list t the top.) e equivalent: Yes No ted (specify): Degree(s) of completed (specify): pational license(s) (specify):	
a I last filed taxes for tax year b. My tax filing status is sing married, filing jointly with (sp c. I file state tax returns in C	gle head of household m	narried, filing separately cify):
4. Other party's income. I estimate the game This estimate is based on (explain):	gross monthly income (before taxes) of the c	ther party in this case at (specify): \$
, , ,	questions on this form, attach an 8 1/2-by Number of pages attached:	/-11-inch sheet of paper and write the
		rmation contained on all pages of this form and
Date:		
	>	
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT) Page 1 of 4

			FL-150
	PETITIONER:	CASE NUMBER:	
	RESPONDENT:		
ОТ	HER PARTY/PARENT/CLAIMANT:		
	ch copies of your pay stubs for the last two months and proof of any other incon rn to the court hearing. (Black out your Social Security number on the pay stub a		t federal tax
	ncome (For average monthly, add up all the income you received in each category in tand divide the total by 12.)		Average h monthly
a	a. Salary or wages (gross, before taxes)	\$	ii monuny
k	o. Overtime (gross, before taxes)	\$	
C	c. Commissions or bonuses	\$	
C	d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving	\$	
_			
f		-	
	Pension/retirement fund payments	**************************************	
	n. Social Security retirement (not SSI)		
J.	Unemployment compensation	The state of the s	
l		\$	
ι	. Other (military allowances, royalty payments) (specify).	¥	· · · · · · · · · · · · · · · · · · ·
6. I	nvestment income (Attach a schedule showing gross receipts less cash expenses for	each piece of property.)	
a	a. Dividends/interest	\$	
k	o. Rental property income		
C		\$	
C	d. Other (specify):	\$	
	ncome from self-employment, after business expenses for all businesses		
	am the owner/sole proprietor business partner other (spe Number of years in this business (specify):	эсіfу):	
	Name of business (specify):		
	Type of business (specify):		
	Attach a profit and loss statement for the last two years or a Schedule C from you	ur last fodoral tay roturn. Bla	ck out vour
	Social Security number. If you have more than one business, provide the informa		
8. [Additional income. I received one-time money (lottery winnings, inheritance, etc amount):) in the last 12 months (specif	y source and
9. [Change in income. My financial situation has changed significantly over the last	12 months because (specify):	
10. c	Deductions		Last month
а	. Required union dues		\$
b	p. Required retirement payments (not Social Security, FICA, 401(k), or IRA)		\$
C	c. Medical, hospital, dental, and other health insurance premiums (total monthly amou	nt)	. \$
C	I. Child support that I pay for children from other relationships		. \$
E	e. Spousal support that I pay by court order from a different marriage federally t	ax deductible*	. \$
f	11		
Q	Necessary job-related expenses not reimbursed by my employer (attach explanation)	n labeled "Question 10g")	.\$
11. 🗸	Assets		Total
		sit accounts	Total .\$
b	Cash and checking accounts, savings, credit union, money market, and other deposStocks, bonds, and other assets I could easily sell		\$
	. All other property, real and personal (estimate fair market valu		
		•	
" Ch	eck the box if the spousal support order or judgment was executed by the parties and the court be	efore 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:			C/	ASE NUMBER:	
12. The following people live with me:					
Name	Age	How the person is related to me (ex: son)	That perso	-	Pays some of the household expenses?
a. b. c. d. e.					Yes No Yes No Yes No Yes No Yes No Yes No
13. Average monthly expenses	Estimated		expenses	Propo	sed needs
If mortgage: (a) average principal: (b) average interest: (2) Real property taxes	nce	j. Educat k. Enterta l. Auto e:	ainment, gifts appenses and ince, gas, reported for the contribution of the contributi	ident, etc.; do Ith insurance). ments tions listed in item 1 4 and insert to S (a-q) (do no	\$ n\$ not include \$ 4 tal here)\$ st add in
14. Installment payments and debts not li Paid to	For		Amount	Balance	Date of last payment
1 4.4 6			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
 15. Attorney fees (This information is required.) a. To date, I have paid my attorney this b. The source of this money was (specific). c. I still owe the following fees and costed. My attorney's hourly rate is (specify): I confirm this fee arrangement. 	amount <i>fy):</i> s to my a	for fees and costs (specify):	\$		
Date:		•			
(TYPE OR PRINT NAME OF ATTORNEY))	<u> </u>		(SIGNATURE O	F ATTORNEY)

FL-150	

	FL-15U
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

L			
	CHILD SUPPORT INFORMATI		
	(NOTE: Fill out this page only if your case invo	olves child support.)	
16. N	lumber of children		
а	. I have (specify number): children under the ag	ge of 18 with the other pare	ent in this case.
b	. The children spend percent of their time with me and (If you're not sure about percentage or it has not been agreed on, please de-		e with the other parent. dule here.)
17. C	hildren's health-care expenses		
а	. I do I do not have health insurance available to me for t	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. A	dditional expense for the children in this case	Amount per me	onth
а	. Childcare so I can work or get job training	\$	Offici
b.	Children's health care not covered by insurance	\$	
C.	Travel expenses for visitation	\$	
d.	Children's educational or other special needs (specify below):	\$	
	pecial hardships. I ask the court to consider the following special financial circulated documentation of any item listed here, including court orders):	cumstances Amount per month	For how many months?
а	Extraordinary health expenses not included in 18b	\$	
b	Major losses not covered by insurance (examples: fire, theft, other insured loss)	. \$	
C.	are living with me	\$	Metalog (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)
	(2) Names and ages of those children (specify):		
	(3) Child support I receive for those children	\$	
T	he expenses listed in a, b, and c create an extreme financial hardship because	e (explain):	
oo c			
20. O	ther information I want the court to know concerning support in my case	e (specify):	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY					
TELEPHONE NO.: FAX NO. (Optional):						
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):						
ATTORNEY FOR (Name):						
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	1					
STREET ADDRESS:						
MAILING ADDRESS:						
CITY AND ZIP CODE:						
BRANCH NAME:						
PETITIONER/PLAINTIFF:	CASE NUMBER:					
DECDONDENT/DECENDANT:						
RESPONDENT/DEFENDANT:	(If applicable, provide):					
OTHER PARENT/PARTY:						
	HEARING DATE: HEARING TIME:					
PROOF OF SERVICE BY MAIL	DEPT.:					
NOTICE: To come form and the last of the l						
NOTICE: To serve temporary restraining orders you must use personal service (see fo	rm FL-330).					
 I am at least 18 years of age, not a party to this action, and I am a resident of or employed place. 	ed in the county where the mailing took					
•						
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):						
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) (SIGNAT	TURE OF PERSON COMPLETING THIS FORM) Page 1 of 1					