

Instructions for Starting Petition for Custody & Support of Minor Children

WHEN TO USE THIS PACKET:

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

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

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

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

STEPS TO FILE:

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

SAMPLE FORMS

FORM INSTRUCTIONS

FL-210

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

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

NOTICE TO RESPONDENT (Name): **THE OTHER PARENT'S NAME**
AVISO AL DEMANDADO (Nombre):

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

Petitioner's name: **YOUR NAME**
El nombre del demandante:

CASE NUMBER: (Número de caso)

LEAVE BLANK

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

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</p>
<p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.</p>	<p>Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.</p>
<p>NOTICE: <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p>AVISO: <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se desdiga la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p>FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p>EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</p>

[SEAL]

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

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

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

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

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

STANDARD RESTRAINING ORDER
 (Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
 (Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

NOTICE — ACCESS TO AFFORDABLE HEALTH

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

AVISO — ACCESO A SEGURA DE SALUD MÁS

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: YOUR ADDRESS STREET: CITY, STATE, ZIP CODE CITY: YOUR TELEPHONE NUMBER TELEPHONE: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 "O" Street MAILING ADDRESS: Fresno CA 93724-2220 CITY AND ZIP CODE: Central Division BRANCH NAME:		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> LEAVE BLANK </div>
PETITIONER: YOUR NAME RESPONDENT: THE OTHER PARENT'S NAME		
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN		
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.		

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

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

continued on Attachment 1.

CHECK THE BOX THAT APPLIES TO YOU

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

a. I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.

b. Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.

c. Respondent and I have legally adopted a child together.

d. Respondent and I have been determined to be the parents in juvenile court or governmental child support.

Case number: _____ State: _____ Country (if not the United States): _____

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

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

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visitation (parenting time) of children with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. If "Other" is checked above, name of the other person is (specify):

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

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

DESCRIBE THE VISITATION SCHEDULE YOU ARE REQUESTING

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

PETITIONER: YOUR NAME RESPONDENT: THE OTHER PARENT'S NAME	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">LEAVE BLANK</div>
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4. e. I request that the child abduction prevention orders requested on form FL-312 be approved.
- f. I request that the proposed holiday schedule set out in form FL-341(C) other be approved.
- g. I request that additional orders regarding child custody set out in form FL-341(D) other be approved.
- h. I request that joint legal custody orders set out in form FL-341(E) other be approved.
- i. I request that visitation (parenting time) be supervised for the following persons, with the following restrictions:

**IF YOU USE ANY OF
THESE OPTIONAL FORMS,
CHECK THE
APPROPRIATE BOX(ES)**

- Continued on Attachment 4i.
- j. Other (*specify*):

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

5. **Fees and cost of litigation**
- a. Attorney's fees will be paid by petitioner respondent.
- b. Each party will pay their own attorney's fees.

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

8. **I have read the restraining order on the back of the *Summons* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.**

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF PETITIONER)

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

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

FORM INSTRUCTIONS

FL-105/GC-120

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:</p> <p>NAME: YOUR NAME</p> <p>FIRM NAME: YOUR ADDRESS</p> <p>STREET ADDRESS: CITY, STATE, ZIP CODE</p> <p>CITY: YOUR TELEPHONE NUMBER</p> <p>TELEPHONE NO.: ZIP CODE:</p> <p>EMAIL ADDRESS: ZIP CODE:</p> <p>ATTORNEY FOR (name):</p>	<p>FOR COURT USE ONLY</p> <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;"> <p>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</p> </div>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno</p> <p>STREET ADDRESS: 1130 "O" Street</p> <p>MAILING ADDRESS: Fresno CA 93724-2220</p> <p>CITY AND ZIP CODE: Central Division</p> <p>BRANCH NAME:</p>	
<p><i>(This section applies to cases other than probate guardianships.)</i></p> <p>PETITIONER: YOUR NAME</p> <p>RESPONDENT: THE OTHER PARENT'S NAME</p> <p>OTHER PARTY:</p> <p>CHILD'S NAME (Juvenile cases only):</p> <p><i>(This section applies only to probate guardianships.)</i></p> <p>GUARDIANSHIP OF (name): LEAVE BLANK Minor</p>	
<p>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</p>	

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the proceeding to determine custody of a child.
2. There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** minor children who are subject to this proceeding, as follows (list oldest child first):

	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

- Check this box if you have additional children. **CHECK THIS BOX IF APPLICABLE** (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, requested information for each additional child, and attach to this form.)
3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. **CHECK THIS BOX IF APPLICABLE** (Provide the current address of the child's residence history for the past five years. If the current address is confidential under Family Code, check this box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: MM/DD/YYYY	To present MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD <input type="checkbox"/> Confidential (list state only)	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH <input type="checkbox"/> Confidential (list state only)	RELATIONSHIP OF PERSON TO CHILD
From: MM/DD/YYYY THAT CHILD STARTING LIVING AT EACH ADDRESS	To: MM/DD/YYYY THAT CHILD STOPPED LIVING AT EACH ADDRESS	THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES	NAME & CURRENT ADDRESS OF PERSON CHILD LIVED WITH FOR THE PAST FIVE YEARS GO IN THESE BOXES	RELATIONSHIP OF PERSON TO CHILD

- Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)
- b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK THIS BOX AND CREATE AN "ATTACHMENT 3a" AND LIST THE ADDITIONAL ADDRESSES
IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX b. AND COMPLETE FORM FL-105(A)/GC-120(A)

CASE NAME: YOUR LAST NAME VS OTHER PARENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court <i>(name, state or tribe, 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		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				
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
d. <input type="checkbox"/> Juvenile		
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 or Tribe	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				
d. <input type="checkbox"/> Other				

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 No (If yes, provide the following information):

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

7. Number of pages attached: _____

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

(NAME OF DECLARANT)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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.

FORM INSTRUCTIONS

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

CASE NAME: YOUR LAST NAME VS OTHER PARENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
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**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 CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
MM/DD/YYYY	MM/DD/YYYY	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</p> </div>		
From:	To:			
From:	To:			
From:	To:			

3. b. Name of child: NEXT OLDEST CHILD'S NAME (Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. (If not the same, provide the information below.)

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
MM/DD/YYYY	MM/DD/YYYY	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS</p> </div>		
From:	To:			
From:	To:			
From:	To:			

FORM INSTRUCTIONS

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

CASE NAME: YOUR LAST NAME VS OTHER PARENT'S LAST NAME	CASE NUMBER: LEAVE BLANK
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**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 CHILD'S NAME *(Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>		
From:	To:			
From:	To:			
From:	To:			

3. b. Name of child: NEXT OLDEST CHILD'S NAME *(Provide the child's current address and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
MM/DD/YYYY	MM/DD/YYYY			
From:	To:	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>		
From:	To:			
From:	To:			
From:	To:			

FORM INSTRUCTIONS

FL-115

<p>PARTY WITHOUT ATTORNEY <i>or</i> ATTORNEY</p> <p>NAME: YOUR NAME</p> <p>FIRM NAME: YOUR ADDRESS</p> <p>STREET ADDRESS: CITY, STATE, ZIP CODE</p> <p>CITY: YOUR TELEPHONE NUMBER</p> <p>TELEPHONE: STATE: ZIP CODE:</p> <p>E-MAIL ADDRESS: FAX NO.:</p> <p>ATTORNEY FOR (name):</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno</p> <p>STREET ADDRESS: 1130 "O" Street</p> <p>MAILING ADDRESS: Fresno CA 93721-2220</p> <p>CITY AND ZIP CODE: Central Division</p> <p>BRANCH NAME:</p> <p>PETITIONER: YOUR NAME</p> <p>RESPONDENT: THE OTHER PARENT'S NAME</p>	<p><i>FOR COURT USE ONLY</i></p> <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;"> <p>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</p> </div>
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: LEAVE BLANK

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:

a. Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)

-or-

b. Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)

-or-

c. Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)

d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)

(2) Completed and blank *Declaration of Disclosure* (form FL-140)

(3) Completed and blank *Schedule of Assets and Debts* (form FL-142)

(4) Completed and blank *Income and Expense Declaration* (form FL-150)

and

MARK THE BOXES OF ANY ATTACHED FORMS THAT WERE GIVEN TO THE OTHER PARTY (I.E. PARENT)

Declaration (form FL-160)

(7) *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)

(8) Other (specify):

2. Address where respondent was served:

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

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

a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10)

on (date): **DATE OF PERSONAL SERVICE** at (time): **TIME OF PERSONAL SERVICE**

b. **Substituted service.** I left the copies with or in the presence of (name): **(INCLUDE AM/PM)**

who is (specify title or relationship to respondent):

(1) **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.

(2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.

on (date): at (time):

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

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

3c.. FOR METHOD OF SERVICE

PROOF OF SERVICE OF SUMMONS

(Family Law—Uniform Parentage—Custody and Support)

PETITIONER: YOUR NAME		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">LEAVE BLANK</div>
RESPONDENT: THE OTHER PARENT'S NAME		

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

- d. **Other** (specify code section): _____
- Continued on Attachment 3d.

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

4. **Person who served papers**

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

Address: **SERVER'S ADDRESS
CITY, STATE, ZIP CODE**

Telephone number: **SERVER'S PHONE NUMBER**

CHECK ONE

This person is

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

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

CHECK ONE

 r-

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

Date: **DATE SERVER SIGNS**

SERVER PRINTS THEIR NAME HERE

(NAME OF PERSON WHO SERVED PAPERS)



SERVER SIGNS HERE

(SIGNATURE OF PERSON WHO SERVED PAPERS)

BLANK FORMS

(To be Completed)

SUMMONS

(Parentage—Custody and Support)

CITACIÓN (Paternidad—Custodia y Manutención)

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

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

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

Petitioner's name:
El nombre del demandante:

CASE NUMBER: (Número de caso)

<p>You have 30 calendar days after this <i>Summons</i> and <i>Petition</i> are served on you to file a <i>Response</i> (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.</p>	<p>Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.</p>
<p>If you do not file your <i>Response</i> on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.</p>	<p>Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.</p>
<p>For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.</p>	<p>Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.</p>
<p>NOTICE: <i>The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.</i></p>	<p>AVISO: <i>La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se despidia la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.</i></p>
<p>FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.</p>	<p>EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.</p>

[SEAL]

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

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

STANDARD RESTRAINING ORDER
(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR
(Paternidad—Custodia y Manutención)

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

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

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

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

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

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

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

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

NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO — ACCESO A SEGURA DE SALUD MÁS ECONOMICO Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

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

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

continued on Attachment 1.

2. Choose at least one box below to explain why you are using this form:
- a. I am married to the respondent, and no action is pending in any court for dissolution, legal separation, or nullity.
 - b. Respondent and I have signed a voluntary declaration of parentage or paternity regarding the minor children, and no action regarding the children has been filed in any other court. A copy is attached.
 - c. Respondent and I have legally adopted a child together.
 - d. Respondent and I have been determined to be the parents in juvenile court or governmental child support.
- Case number: _____
 County: _____ State: _____ Country (if not the United States): _____

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

4. **Child custody and visitation (parenting time).** I request the following orders:
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Petitioner | Respondent | Joint | Other |
| a. Legal custody of children to: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation (parenting time) of children with: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- d. If "Other" is checked above, name of the other person is (*specify*): _____
 The proposed schedule for visitation (parenting time) is as follows: _____

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

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

Continued on Attachment 4i.

j. Other (*specify*):

5. **Fees and cost of litigation**

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

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

7. Other (*specify*):

8. **I have read the restraining order on the back of the *Summons* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.**

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

Date:

_____ (TYPE OR PRINT NAME) ▶ _____ (SIGNATURE OF PETITIONER)

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies to cases other than probate guardianships.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i>	
GUARDIANSHIP OF (name): Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am (check one): a party to this proceeding to determine custody of a child the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): _____ minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b. Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

CASE NAME:	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 <i>(name, state or tribe, 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"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state or tribe, location)</i>
d. <input type="checkbox"/> Juvenile		
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 or Tribe	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				
d. <input type="checkbox"/> Other				

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 No *(If yes, provide the following information):*

a. Name and address of person: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	b. Name and address of person: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	c. Name and address of person: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

7. Number of pages attached: _____

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

Date:

_____ (NAME OF DECLARANT)	_____ (SIGNATURE OF DECLARANT)
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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)**

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: _____ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (<i>name and complete current address</i>)	Relationship
From:	To present	<input type="checkbox"/> Confidential (<i>list state only</i>)	<input type="checkbox"/> Confidential (<i>list state only</i>)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. _____ Name of child: _____ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If not the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (<i>name and complete current address</i>)	Relationship
From:	To present	<input type="checkbox"/> Confidential (<i>list state only</i>)	<input type="checkbox"/> Confidential (<i>list state only</i>)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

CASE NAME:	CASE NUMBER:
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**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: _____ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If **not** the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			
From:	To:			

3. b. ___ Name of child: _____ *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If **not** the same, provide the information below.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with (name and complete current address)	Relationship
From:	To present	<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:			
From:	To:			
From:	To:			
From:	To:			
From:	To:			

PETITIONER:	CASE NUMBER:
RESPONDENT:	

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

4. **Person who served papers**

Name:
Address:

Telephone number:

This person is

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

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

-or-

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

Date:

(NAME OF PERSON WHO SERVED PAPERS)



(SIGNATURE OF PERSON WHO SERVED PAPERS)

**LEAVE FORM
FL-270
BLANK
FOR THE
RESPONDENT**

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN	CASE NUMBER:
NOTICE: This action will not terminate a marriage or domestic partnership and will not determine a parental relationship.	

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

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

continued on Attachment 1.

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

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

Case number:

County:

State:

Country (if not the United States):

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

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

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

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

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

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

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

Continued on Attachment 4h.

j. Other (*specify*):

5. **Fees and cost of litigation**

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

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

7. Other (*specify*):

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

Date:

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

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