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	e completed by petitioner:							
	☐ FL-210	Summons							
	☐ FL-260	Petition for Custody and Support of Minor Children							
	☐ FL-105	Declaration Under (UCCJEA)							
b.	b. Form to be completed by server:								
	☐ FL-115	Proof of Service of Summons							

- 2. The **SECOND** step is to complete a <u>Request for Order</u> 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

FL-210

SUMMONS

CITACIÓN (Paternidad—Custodia y Manutención)

(Parentage—Custody and Support)

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.

YOUR NAME Petitioner's name:

El nombre del demandante:

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

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

CASE NUMBER: (Número de caso)

LEAVE BLANK

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

Tiene 30 dias de calendario después de habir recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

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

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

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

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

AVISO: La órden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte 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 estas orden puede hacerla acatar en cualquier lugar de California.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]			

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

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

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

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

ate i	(Fecha):	 Clerk, by	(Secretario, po.	r)
arc i	i cona,	• · • · · · · · · · · · · · · · · · · ·	1000.000.00	

Deputy (Asistente)

Page 1 of 2



STANDARD RESTRAINING ORDER

(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR

(Paternidad—Custodia y Manutención)

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

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

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

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

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

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

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se 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 Necessita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es asi, 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.



	OTATE DAD NUMBER.	T	FL-20
PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME	STATE BAR NUMBER:	FOR COU	RT USE ONLY
YOUR ADDRESS		CA	MPLE
CITY: CITY, STATE, ZIP CODE	STATE: ZIP CODE:	SA	IVIPLE
E-MAIL ADDRESS:	NOTE: YOU MUST WRITE YOUR NAM OTHER PARTY'S NAME THE EXACT S THROUGHOUT YOUR FORM	AME WAY	NLY
ATTORNEY FOR (name):			NOT
SUPERIOR COURT OF CALIFORNIA, COUNTY O STREET ADDRESS: 1130 "O" Street MAILING ADDRESS: 12000000000000000000000000000000000000	F FRESNO		NOT
CITY AND ZIP CODE: Fresno CA 93724-2220 BRANCH NAME: Central Division		│ │ WR	ITE ON
	1		
PECPONDENT		I HIS	S COPY!
THE OTHER PARENTS NAME		L. CAGE NUMBER	
PETITION FOR C SUPPORT OF MIN		CASE NUMBER:	E BLANK
NOTICE: This action will not to a parental relationship.	erminate a marriage or dome	estic partnership and will	not determine
I am the petitioner. The respondent and I are	e the parents of the following mir		
Child's name		<u>Birthdate</u>	Age
CHILD #1'S NAME CHILD #2'S NAME		BIRTHDATE BIRTHDATE	AGE AGE
CHILD #2 5 NAME		BIRTHDATE	AGE
CHILD #4'S NAME		BIRTHDATE	AGE
continued on Attachment 1.		CHECK THE BOX TH	AT APPLIES TO YOU
2. Choose at least one box below to explain w		/	-4:
a. I am married to the respondent, a b. Respondent and I have signed a	voluntary declaration of parentage	e or paternity regarding the mi	
action regarding the children has		ppy is attached.	
c. Respondent and I have legally ad		!!	1
d. Respondent and I have been dete Case number:			
County:	State: Co	untry (if not the United States)	
3. A completed Declaration Under Uniform Ch	•		FL-105) is attached.
4. Child custody and visitation (parenting t		rs: espondent Joint	Other
a. Legal custody of children to:	i entioner Ve	Spondent John	
b. Physical custody of children to:			
c. Visitation (parenting time) of children wi			
d. If "Other" is checked above, name of th	·		
The proposed schedule for visitation (pa	arenung ume) is as follows:		
CHECK A BOX FOR a.,b., AND c., TO TELL THE COURT WHO YOU WANT TO HAVE <u>LEGAL</u> CUSTODY, AND <u>PHYSICAL</u> CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION	1	IBE THE VISITATION YOU ARE REQUESTING	
See the attached form FL-311, Ch	nild Custody and Visitation (Parer	ting Time) Application Attachr	nent. Page 1 o

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.

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR	NUMBER:		FOR COUP	RT USE ONLY
NAME: FIRM NAME: STREET ADDRESS CITY: YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CO	ODE E	ZIP CODE:		SAN	1PLE
TELEPHONE NO. EMAIL ADDRESS YOUR TELEPHONE ATTORNEY FOR (name):	0.				ILY
SUPERIOR COURT OF CALIFORNIA, COUSTREET ADDRESS: 1130 "O" Street	INTY OF Fresno	1		DO	NOT
MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: Central Division	2220			WRIT	TE ON
(This section applies to case PETITIONER: YOUR NAME		e guardianships.)	THIS	COPY!
RESPONDENT: THE OTHER PARENT'	S NAME			выда приводителна выполняться в ченевый под	A STATE OF THE STA
OTHER PARTY: CHILD'S NAME (Juvenile cases only): (This section applies on GUARDIANSHIP OF (name):		CHEC APPROPR		CASE NUMBER:	
DECLARATION UNDE JURISDICTION AND E			Minor	LEAVE BLA	NK
1. I am (check one): a party to	this proceeding to de	termine custody	of a child		presentative of the mine custody of a child.
2. There are (specify number):	WRITE IN THE			ding, as follows (list old	•
Full Name		Date of b		Place of birth (
a. OLDEST CHILD'S NAME		MM/DD/YY	YY	CITY & STATE WHER	E CHILD WAS BORN
b. NEXT OLDEST CHILD'S	NAME	MM/DD/YY	YYY C	CITY & STATE WHER	E CHILD WAS BORN
c. NEXT OLDEST CHILD'S	NAME	MM/DD/YY	YY	ITY & STATE WHER	E CHILD WAS BORN
d. NEXT OLDEST CHILD'S		MM/DD/YY		CITY & STATE WHER	
Additional Children Applica 3. a. Check this box if there is o	BLE stee	d information for	each additio	piece of paper, write "I nal child, and attach to have lived together for	this form.)
3. a. Check this box if there is o (Provide the current address of t address is confidential under Fai	he ohild mily Co	S BOX IF res	sidence histor ox and provid	ry for the past five yea e only the state of resid	rs. If the current dence.)
Dates of residence (Month/Year)	Residenc (City, Stat	e	Person ch	ild lived with and current address	Relationship
From: To present	CURRENT ADI	1 11 -		RRENT ADDRESS CHILD LIVES WITH	RELATIONSHIP OF PERSON
MM/DD/YYYY	FOR THE CI Confidential (list			tial (list state only)	TO CHILD
From: To: To:	THE CHIL ADDRESS FOR THE FIVE YEA GO IN THE BOXES	SES PAST RS ESE	ADDRES CHILD LI THE <u>PAST</u> IN TH	& CURRENT SS OF PERSON VED WITH FOR FIVE YEARS GO ESE BOXES	RELATIONSHIP OF PERSON TO CHILD
	nore than one child an and list each other cate	nd all the childre hild's current ac	n have not liv Idress and the	ed together for the pas	r the past five years.) Page 1 of 2 YEARS,

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

FL-105/GC-120

Court County State or Tribe Case Number (if known) Orders expire (date) a. Criminal b. Family CHECK THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDERS IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION d. 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: 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 custody Claims custody rights Claims visitation rights Claims visitation rights Name of each child: Name of each child: Name of each child:	CASE NAME: YOUR LAST NAME VS OTHER PARENT'S LAST NAME					CASE NUMBER:	AVE BLANK		
Proceeding Case number (name, state or tribe, location) a. Family b. Probate Guardianship Case Number Court if THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY ANO/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5 Proceeding Case Number Court (name, state or tribe, location) Case Number Court (name, state or tribe, location) Court County State or Tribe Case Number (if known) Orders style one and spouride the following information): Court County State or Tribe Case Number (if known) Orders expire (date) Court County State or Tribe Case Number (if known) Orders expire (date) Court County State or Tribe Case Number (if known) Orders expire (date) Court County State or Tribe Case Number (if known) Orders expire (date) Court County State or Tribe Case Number (if known) Orders expire (date) Court County State or Tribe Case Number (if known) Orders expire (date) Check THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDERS IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION County Orders expire (date) County State or Tribe Case Number (if known) Orders expire (date) Check THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDERS IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION County Orders expire (date) Check THIS BOX IF THERE IS A DOMESTIC VIOLENCE THE INFORMATION IN THIS SECTION Check THIS BOX IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS Has physical custody Claims custody rights Claims visitation rights Name of each child: NoTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody NOTICE TO DECLARANT:	4.	or custody or visitation	proceeding, in Ca	lifornia or elsewhere, cor	ncerning a child	subject to this procee	eding?		
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NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody			***************************************	KE					
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FL-105/GC-120 [Rev. January 1, 2025]

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

CASE NAME: YOUR LAST NAME VS OTHER PARENT'S LAST NAME

CASE NUMBER:

LEAVE BLANK

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

DECL	ARATION UN	DER UNIFORM	I CHILD CUSTODY JURISDICTI	ION AND ENFORCEMENT ACT	(UCCJEA)
Instructions as needed to	s: If all the child o list all the child	ren subject to the dren. Number ead	proceeding have not lived together for thitem and each page consecutively,	for the last five years, use as many co r, and attach all pages to form FL-105.	opies of this form /GC-120.
	history for the pa provide only the Residence	ast five years. If state of residence	the current address is confidential unce.) ne same as given for the child listed in		k the box and
CHECK THIS BOX IF THE CHILDREN	Dates of	residence h/Year)	•	Person child lived with (name and complete current address)	Relationship
HAVE BEEN LIVING AT THE SAME ADDRESSES		To present MM/DD/YYYY		NAME & CURRENT ADDRESS DF PERSON CHILD LIVES WITH Confidential (list state only)	RELATIONSHIP OF PERSON TO CHILD
	From:	To:	IF THIS CHILD HAS NOT E LIVING AT THE SAME ADD AS THE CHILD ABOVE, FIL WHERE THE CHILD HAS I	DRESS LL OUT	
	From:	То:	LIVING FOR THE PAST 5 Y	YEARS	
	history for the pa provide only the Residence	ast five years. If state of residenc	the current address is confidential unce.) ne same as given for the child listed in		k the box and
BOX IF THE		residence h/Year)	Residence Po (City, State)	Person child lived with (name and complete current address)	Relationship
CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES	From: MM/DD/YYYY	To present MM/DD/YYYY		NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH Confidential (list state only)	RELATIONSHIP OF PERSON TO CHILD
·	From:	То:	IF THIS CHILD HAS NOT B LIVING AT THE SAME ADD AS THE CHILD ABOVE, FILI WHERE THE CHILD HAS B LIVING FOR THE PAST 5 Y	DRESS L OUT BEEN	
	From:	То:	LIVING FOR THE PAST 5 TI	Lato	
	From:	То:			

Page ____ of

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

CASE NAME: YOUR LAST NAME VS OTHER PARENT'S LAST NAME

CASE NUMBER:

LEAVE BLANK

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

<u> </u>				TILD COSTOD TOOKISDIC			l
				ceeding have not lived togethem and each page consecutive			
3. b	history for the p	NEXT OLDEST ast five years. If a state of residence	f the (ILD'S NAME current address is confidential		the child's current address and in the child's current address and in the child chil	
, , , , , , , , , , , , , , , , , , ,		e information is the information bel		ame as given for the child liste	d in item 2	a on form FL-105/GC-120. (/	f not the same,
CHECK THIS BOX IF THE CHILDREN	11	residence h/Year)		Residence (City, State)		hild lived with (name and plete current address)	Relationship
HAVE BEEN LIVING AT	From: MM/DD/YYYY	To present MM/DD/YYYY		CURRENT ADDRESS FOR THE CHILD		CURRENT ADDRESS SON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
THE SAME ADDRESSES	From:	То:		Confidential (list state only)	Con	fidential (list state only)	
				IF THIS CHILD HAS NO LIVING AT THE SAME A			
	From:	То:		AS THE CHILD ABOVE, I WHERE THE CHILD HA	, FILL OUT AS BEEN		
	From:	То:		LIVING FOR THE PAST	5 YEARS		
	From:	То:			Ι		
- Constitution	history for the pa provide only the Residence	state of residence	the c ce.) he sa	IILD'S NAME current address is confidential me as given for the child lister	under Fan		k the box and
CHECK THIS BOX IF THE CHILDREN		residence h/Year)		Residence (City, State)		hild lived with (name and blete current address)	Relationship
HAVE BEEN LIVING AT THE SAME	From: MM/DD/YYYY	To present MM/DD/YYYY		CURRENT ADDRESS FOR THE CHILD	OF PERS	CURRENT ADDRESS ON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
ADDDECCEC	From:	То:	<u> </u> г	Confidential (list state only) IF THIS CHILD HAS NOT		fidential (list state only)	L
	From:	To:	1	LIVING AT THE SAME AD AS THE CHILD ABOVE, F WHERE THE CHILD HAS LIVING FOR THE PAST 5	ILL OUT BEEN		
	From:	То:		ETHOTOK HELAUT	LANC		
	From:	То:					
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Page ____ of _

DADTY/MITHOUT ATTODNEY ATTODNEY	FOR COURT USE ONLY
PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.:	FOR COURT USE UNLI
NAME: FIRM NAME: YOUR NAME	
STREET ADU YOUR ADDRESS	SAMPLE
CITT, STATE, ZIP CODE	ONLY
E-MAIL ADDI YOUR TELEPHONE NUMBER	ONLI
ATTORNEY FOR (name):	DO NOT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno	DO NOT
STREET ADDRESS: 1130 "O" Street	
MAILING ADDRESS: Fresno CA 93721-2220	WRITE ON
CITY AND ZIP CODE: BRANCH NAME: Central Division	
PETITIONER: YOUR NAME	THIS COPY!
Security and company and compa	THIS COFT:
RESPONDENT: THE OTHER PARENT'S NAME	
PROOF OF SERVICE OF SUMMONS	ASE NUMBER:
TROOF OF GERVICE OF GOMMONG	LEAVE BLANK
 At the time of service I was at least 18 years of age and not a party to this action. I served th Family Law: Petition—Marriage/Domestic Partnership (form FL-100), Summons (form Marriage/Domestic Partnership (form FL-120) -or- 	
b. Uniform Parentage: Petition to Determine Parental Relationship (form <u>FL-200</u>), Suma Response to Petition to Determine Parental Relationship (form <u>FL-220</u>)	mons (form <u>FL-210</u>), and blank
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) THAT WERE GIVE (I.E. PARENT)	
 Address where respondent was served: THE SERVER WRITES IN THE ADDRESS WHERE THE OTHER PARTY WAS SERVED A COPY OF THE DOCUMENTS LISTED ABOVE I served the respondent by the following means (check proper boxes): a. Personal service. I personally delivered the copies to the respondent (Code Civ. Proper boxes): 	oc., § 415.10)
	PERSONAL SERVICE
)	NCLUDE AM/PM)
who is (specify title or relationship to respondent): (1) (Pusiness) a person at least 18 years of ago who was apparently in charge	o at the office or usual place of
(1) (Business) a person at least 18 years of age who was apparently in charge business of the respondent. I informed the person of the general nature of	
(2) (Home) a competent member of the household (at least 18 years of age) a	
informed the person of the general nature of the papers.	
11	
on (date): at (time):	ant at the place where the
I thereafter mailed additional copies (by first class, postage prepaid) to the respond	ent at the place where the
copies were left (Code Civ. Proc., § 415.20b) on (date): FILL OUT SECTION 3a., OR 3b., OR thed, stating the actions taken to first attempt pe	rsonal service
3c., FOR METHOD OF SERVICE	Page 1 of 2
OU., I OI WILLIAM OF OLIVIOL	

PROOF OF SERVICE OF SUMMONS

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)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

CITACIÓN (Paternidad—Custodia y Manutención)

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

You have been sued. Read the information below and on the next page.

Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

El nombre del demandante:

CASE NUMBER: (Número de caso)

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

Tiene **30 dias de calendario** después de habir recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

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

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

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center (www.courts.ca.gov/selfhelp), at the California Legal Services website (www.lawhelpca.org), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org), o poniéndose en contacto con el colegio de abogados de su condado.

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

AVISO: La órden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte 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 estas orden puede hacerla acatar en cualquier lugar de California.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]			
			- 1

- 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:)

Data	(Fecha)	
Dale	ireciiai	

Clerk, by (Secretario, por)

Deputy (Asistente)

Page 1 of 2



STANDARD RESTRAINING ORDER

(Parentage—Custody and Support)

ORDEN DE RESTRICCIÓN ESTÁNDAR

(Paternidad—Custodia y Manutención)

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

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

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

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

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

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

Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se 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.

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 Necessita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es asi, 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	STATE BAR NUMBER:	FOR C	COURT USE ONLY
NAME:			
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:			
PETITION FO	OR CUSTODY AND	CASE NUMBER:	
l .	MINOR CHILDREN		
	ot terminate a marriage or	domestic partnership and w	rill not determine
a parental relationship.		ing pain an abildram.	
1. I am the petitioner. The respondent an	d I are the parents of the following		A
<u>Child's name</u>		<u>Birthdate</u>	<u>Age</u>
b. Respondent and I have signe action regarding the children c. Respondent and I have legal d. Respondent and I have been	ent, and no action is pending in a ed a voluntary declaration of par has been filed in any other cou ly adopted a child together.	any court for dissolution, legal seprentage or paternity regarding the	minor children, and no
Case number: County:	State:	Country (if not the United State	es):
3. A completed Declaration Under Uniforn	m Child Custody Jurisdiction an	d Enforcement Act (UCCJEA) (fo	rm FL-105) is attached.
4. Child custody and visitation (parent	ing time). I request the followin	g orders:	
	Petitioner	Respondent Joint	Other
a. Legal custody of children to:b. Physical custody of children to:c. Visitation (parenting time) of childredd. If "Other" is checked above, name	of the other person is (specify):		
The proposed schedule for visitation	n (parenting time) is as follows:		
See the attached form FL-31	1, Child Custody and Visitation	(Parenting Time) Application Attac	chment.

	FL-260
PETITIONER: RESPONDENT:	CASE NUMBER:
4. e. I request that the child abduction prevention orders requested on form FL-31 f. I request that the proposed holiday schedule set out in form FL-341(0 g. I request that additional orders regarding child custody set out in form form h. I request that joint legal custody orders set out in form FL-341(E) i. I request that visitation (parenting time) be supervised for the following personal form form form form form form form form	C) other be approved. m FL-341(D) other be approved. other be approved.
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.	
 Child support. The court may make orders for support of the children and issue an either party. 	earnings assignment without further notice to
7. Other (specify):	
8. I have read the restraining order on the back of the Summons (form FL-210) tha understand that it applies to me when this petition is filed.	t is being filed with this petition, and I
I declare under penalty of perjury under the laws of the State of California that the foregoi	ng is true and correct.
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
A blank <i>Response to Petition for Custody and Support of Minor Children</i> (form FL-270) m of this Petition.	ust be served on the respondent with a copy
NOTICE: If you have a child from this relationship, the court is required to incomes of both parents. You should supply the court with information a child support order will be based on information supplied by the other pasupport must pay interest on overdue amounts at the "legal rate," which	bout your income. Otherwise, the arent. Any party required to pay child

ATTO	RNEY OR PARTY WIT	HOUT ATTORNEY	STATE BAI	R NUMBER:		FOR COUR	RT USE ONLY
NAME							
FIRM I	NAME:						
STREE	T ADDRESS:						
CITY:			STATE:	ZIP CODE:			
TELEF	HONE NO.:		FAX NO.:				
EMAIL	ADDRESS:						
ATTOR	RNEY FOR (name):						
SUPI	ERIOR COURT C	OF CALIFORNIA, CO	DUNTY OF				
i i	ET ADDRESS:	· · · · · · · · · · · · · · · · · · ·					
1	NG ADDRESS:						
CITY A	ND ZIP CODE:						
В	RANCH NAME:						
	(This se	ection applies to ca	ases other than proba	te guardiansh	ins)		
	PETITIONER:	socion applies to se	1000 outor utan propa	to gaarararron	.,,,,		
1	SPONDENT:						
01	HER PARTY:						
CHIL	D'S NAME (Juve	enile cases only):					
	(Thi	is section applies o	only to probate guardi	anship cases.)	CASE NUMBER:	
GUA	RDIANSHIP OF ((name):					
					Mino	ır	
	DEC	LARATION UND	ER UNIFORM CHI	LD CUSTO	ΣΥ		
	JURIS	SDICTION AND	ENFORCEMENT	ACT (UCCJE	A)		
1. I	am (check one,): a party to	o this proceeding to de				presentative of the
				agency, whi	ch is a party to	this proceeding to deter	mine custody of a child.
2 T	here are (speci	ify number):	minor children v	vho are subie	ct to this proce	eeding, as follows <i>(list old</i>	lest child first):
					· · · · · · · · · · · · · · · · · · ·		
		Full Name		Date o	of birth	Place of birth (city and state)
la	۹.						
l.							
). 						
) .						
	 1.						
Ľ							
L	Check this	box if you need to	list more children. (C	n form MC-02	2 <u>0</u> or a separa	te piece of paper, write "i	FL-105, Attachment 2,
	Additional	Children" at the to	p, provide all requeste	ed information	for each addi	tional child, and attach to	tnis form.)
3. a	. Check	this box if there is	only one child or if all	of the childre	n listed in item	2 have lived together for	r the past five years.
	(Provide the	current address of	f the child listed in iten	n 2a and their	residence his	tory for the past five yea	rs. If the current
						ride only the state of resid	
	Dates	of residence	Resider)CE	Person	child lived with and	
		onth/Year)	(City, St		1	te current address	Relationship
		To present	(0.0), 0.0				
	From:	10 present					
			Confidential (list	st state only)	Confide	ential (list state only)	
	_		Confidential (#	st state offy)	- Cornido	Sittle (not state only)	
	From:	To:					
	From:	То:					
	From:	To:					
					-		
	From:	To:					
					<u> </u>		
	Additio	nal addresses are	listed on Attachment	3a. (Form MC	<u>0-020</u> may be	used for this purpose.)	
b						lived together for the pas	st five years. (Attach
_						their residence history fo	
						·	Page 1 of 2

CASE NAME:				CASE NUMBER:	Γ <u>L</u>	-105/GC-12
4. Do you have informatio or custody or visitation Yes No	proceeding, in Ca	you participated as a parallifornia or elsewhere, co a copy of the orders if yo	ncerning a child	d subject to this procee	eding?	er court case
Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment Name of each		each child Your connection to the case	
a. Family						
b. Probate Guardianship						
c. Other						
Proceeding	(Case Number		Court (name, state	or tribe, locatio	1)
d. Juvenile						
e. Adoption						
and provide the fo				now in effect. (Attach a copy of the orders if you have or Case Number (if known) Orders expire (date		
a. Criminal	County	State of Tribe	Case	Number (II Known)	Orders expire (date)	
b. Family				Available of the second of the		
c. Juvenile						
d. Other						
Do you know of any per or visitation with any ch a. Name and address o	ild in this case?	party to this proceeding Yes No b. Name and addres	(If yes, provi	ide the following inform		
Has physical cust Claims custody rig Claims visitation r Name of each child:	ghts	Has physical c Claims custody Claims visitation Name of each child:	/ rights	Claims	rsical custody custody rights visitation rights child:	
. Number of pages	Name and Address of the Address of t	- aws of the State of Calif	ornia that the fo	regoing is true and co	rrect.	
Pate:						
(NIAME C	DF DECLARANT)		<u> </u>	(SIGNATURE OF E	AECLADANT)	

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-1	05(A)/	GC-12	20(A)

CASE NA	ME:			CASE NUMBER:					
DE	CLARATION U	JNDER UNIFOR	ATTACHMENT TO M CHILD CUSTODY JURISDIC	CTION AND ENFORCEMENT ACT	(UCCJEA)				
Instruction as neede	ons: If all the ch d to list all the ci	ildren subject to the hildren. Number ea	e proceeding have not lived togeth ch item and each page consecutiv	er for the last five years, use as many ovely, and attach all pages to form FL-10	opies of this form 5/GC-120.				
3. b	history for the provide only to Resider	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							
			Confidential (list state only)	Confidential (list state only)					
	From:	To:							
	From:	То:							
	From:	То:							
	From:	То:	. /						
3. b	history for the provide only to Resider	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.)							
		of residence nth/Year)	Residence (City, State)	Person child lived with (name and complete current address)	Relationship				
	From:	To present		Confidential Webstern and A					
	From:	То:	Confidential (list state only)	Confidential (list state only)					
	From:	То:							
	From:	То:							
	From:	То:							

Page ____ of _

					FL-10)5(A)/GC-120(A
CASE NA	AME:				CASE NUMBER:	
DE	CLARATION	UNDER UNIFOR	ATTACHMENT TO RM CHILD CUSTODY JURISD	-	ENFORCEMENT ACT	· (UCCJEA)
Instructi as neede	ons: If all the o	children subject to t children. Number e	he proceeding have not lived toget ach item and each page consecuti	her for the last ively, and attac	five years, use as many o h all pages to form FL-10s	copies of this form 5/GC-120.
3. b	provide only Resid	he past five years. If the state of reside	the same as given for the child list	al under Famil		ck the box and
	Dates of residence (Month/Year)		Residence (City, State)		d lived with (name and te current address)	Relationship
	From:					
			Confidential (list state only)	Confid	ential (list state only)	
	From:	То:				
	From:	То:				
	From:	То:				
	From:	То:				
3. b	provide only Reside	he past five years. If the state of reside	the same as given for the child list	al under Family ed in item 2a c	n form FL-105/GC-120. (/	ck the box and
	1	of residence lonth/Year)	Residence (City, State)		d lived with (name and te current address)	Relationship
	From:	To present	Confidential (list state and A	Cared		
	From:	То:	Confidential (list state only)	Confid	ential (list state only)	
	From:	То:				
	From:	То:				

Page ____ of __

From:

To:

			FL-
PARTY WITHOUT ATTORNEY or ATTORNEY	STATE BAR NO.:		FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:		P CODE:	
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:			
RESPONDENT.			
PROOF OF SERVI	CE OF SUMMONS		CASE NUMBER:
b. Uniform Parentage: Petition to De Response to Petition to Determine c. Custody and Support: Petition for blank Response to Petition for Cu d. (1) Completed and blank De Uniform Child Custody Senforcement Act (UCCJ) (2) Completed and blank De Disclosure (form FL-140) (3) Completed and blank Senforcement Act (UCCJ) (2) Completed and blank Senforcement Act (UCCJ) (3) Completed and blank Senforcement Act (UCCJ) (4) Completed and blank In Expense Declaration (for	orm FL-120) Intermine Parental Relate Parental Relationship Custody and Support of National Support of Na	-or- tionship (form FL-200), S to (form FL-220) -or- of Minor Children (form FL- and (5) Completed (Simplified) (6) Completed Declaration (7) Request form	I and blank <i>Financial Statement</i> () (form <u>FL-155</u>) I and blank <i>Property</i> () (form <u>FL-160</u>) () or Order (form <u>FL-300</u>), and blank () e Declaration to Request for Order (form
Address where respondent was served:			
business of the respond	elivered the copies to the pies with or in the present of the present of age vient. I informed the persember of the household ne general nature of the pies (by first class, posture, § 415.20b) on (date)	ne respondent (Code Cinat (time): ence of (name): who was apparently in classon of the general natured (at least 18 years of age papers. at (time): tage prepaid) to the response.	harge at the office or usual place of re of the papers. ge) at the home of the respondent. I pondent at the place where the

PETITIONER:	CASE NUMBER:			
RESPONDENT:				
 3. c. Mail and acknowledgment service. I mailed the copies to the respondent, a first-class mail, postage prepaid, on (date): with two copies of the Notice and Acknowledgment of Receipt (form envelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt (form envelope addressed to me. (Attach completed Notice and Acknowledgment of Code Civ. Proc., § 415.30.) to an address outside California (by registered or certified mail with return receipt or other evidence of actual delivery to the respond. Other (specify code section): Continued on Attachment 3d. 	from (city): FL-117) and a postage-paid return wledgment of Receipt (form FL-117).) return receipt requested). (Attach signed			
4. Person who served papers Name: Address:				
Telephone number:				
This person is a. exempt from registration under Business and Professions Code section 22350 b. not a registered California process server. c. a registered California process server:	0(b). an independent contractor			
5.	e foregoing is true and correct.			
-or-				
6. 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:	FOR COURT U	SE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODE:		
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:		•	
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, CO	UNTY OF		
STREET ADDRESS:	•		
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
I .	ITION FOR CUSTODY AND F MINOR CHILDREN	CASE NUMBER:	
	ot terminate a marriage or domestic pa	artnership and will not deter	mine
a parental relationship.			144
1 Lam the respondent. The potitioner a	nd I are the parents of the following minor ch	nildren:	
Child's name	ind thate the parents of the following minor ch	Birthdate	<u>Age</u>
Crina's Hame		Diffidate	<u>/ 190</u>
continued on Attachment 1.	· /		
2. Choose at least one box below to exp	plain why you are using this form:		
	and no action is pending in any court for dis	solution, legal separation, or null	ity.
	a voluntary declaration of parentage or paterr		
	en filed in any other court. A copy is attached		
c. Petitioner and I have legally a	dopted a child together.		
d. 🔲 Petitioner and I have been de	termined to be the parents in juvenile court o	or governmental child support.	
Case number:			
County:	State: Country	(if not the United States):	
3. A completed Declaration Under Unifo	orm Child Custody Jurisdiction and Enforcem	ent Act (UCCJEA) (form FL-105)	is attached.
4. Child custody and visitation (parer	nting time). I request the following orders:		
		spondent Joint	Other
a. Legal custody of children to:			
b. Physical custody of children to:			
c. Visitation (parenting time) of childr	en with:		
d. If "Other" is checked above, name	of the other person is (specify):		
The proposed schedule for visitati	on (parenting time) is as follows:		
	•		
	A Child Custody and Maitable (Damet	mal Application Attackment	
See the attached form FL-31	1, Child Custody and Visitation (Parenting Ti	те) Аррисайоп Айасптепі.	· .
		iP	Page 1 of

PETITIONER:	CASE NUMBER:	1 L-270		
RESPONDENT:				
 4. e. I request that the child abduction prevention orders requested on form FL-3 f. I request that the proposed holiday schedule set out in form FL-341(g. I request that additional orders regarding child custody set out in form FL-341(E) i. I request that joint legal custody orders set out in form FL-341(E) i. I request that visitation (parenting time) be supervised with the following per 	(C) other be approved. orm FL-341(D) other be approved. other be approved.	proved.		
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.				
Child support. The court may make orders for support of the children and issue ar either party.	n earnings assignment without further	notice to		
7. Other (specify):				
l declare under penalty of perjury under the laws of the State of California that the fore	going 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.				