

Instructions for Responding to Petition to Determine Parental Relationship

WHEN TO USE THIS PACKET

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

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

STEPS TO RESPOND TO A PARENTAGE CASE:

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

<input type="checkbox"/> Response to Petition to Determine Parental Relationship	FL-220
<input type="checkbox"/> Attached Declaration	MC-031
<input type="checkbox"/> Declaration under UCCJEA	FL-105
<input type="checkbox"/> Proof of Service by Mail	FL-335
2. You will need to make at least **2** additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for the child’s other parent. The original is for the court.
3. One copy of the forms will need to be served to the other parent.
4. The server must complete and sign the “Proof of Service by Mail.”
5. File your Response paperwork and the proof of service.

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

SAMPLE FORMS

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: CITY, STATE, ZIP CODE TELEPHONE NO.: YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (name): STATE BAR NUMBER:	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; text-align: center; 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: PETITIONER: THE OTHER PARENT'S NAME RESPONDENT: YOUR NAME	ZIP CODE: <div style="border: 1px solid black; padding: 5px; font-size: 10px; font-weight: bold;"> NOTE: PETITIONER IS THE PERSON WHO OPENED THE CASE </div>
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; font-weight: bold;"> COURT CASE NUMBER </div>

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

CHECK WHICH ONE APPLIES TO YOUR CASE

2. The children are
 - a.

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
 - b. a child who is not yet born

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

CHECK WHICH ONE APPLIES TO YOU

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

CHECK WHICH ONE APPLIES TO YOUR CASE

5. The respondent is
 - a. the parent of the children listed in item 2 above.
 - b. not certain if the respondent is the parent of the children listed in item 2 above.
 - c. not the parent of the children listed in item 2 above.
 - d. Other (specify):

CHECK WHICH ONE APPLIES TO YOU

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

CHECK ALL THAT APPLY TO YOUR CASE

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

PETITIONER: THE OTHER PARENT'S NAME	CASE NUMBER:
RESPONDENT: YOUR NAME	COURT CASE NUMBER

The respondent asks that the court make the determinations listed below.

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

- a. Respondent Petitioner is the parent of the children listed in item 2.
- b. Respondent Petitioner is not the parent of the children listed in item 2.
- c. Respondent requests children listed in item 2.

CHECK THE APPROPRIATE BOX(ES)

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

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

As requested in

<input type="checkbox"/> form FL-311	<input type="checkbox"/> form FL-312	<input type="checkbox"/> form FL-341(C)
<input type="checkbox"/> form FL-341(D)	<input type="checkbox"/> form FL-341(E)	<input type="checkbox"/> Attachment 9c

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

Contained in the attached declaration.

CHECK THIS BOX AND USE THE MC-031 ATTACHMENT, IF YOU WOULD LIKE TO PROVIDE FURTHER DETAILS TO SUPPORT YOUR REQUEST IN REGARDS TO CUSTODY/VISITATION

IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, CHECK THE BOX OF THE FORM(S) YOU PRINTED AND ATTACHED

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH

Reasonable expenses of pregnancy and birth to be paid by as follows:

Petitioner	Respondent	Joint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK APPROPRIATE BOX(ES) IF REQUESTING ORDERS IN #10 AND #11

11. FEES AND COSTS OF LITIGATION

- a. Attorney fees to be paid by
- b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by

Petitioner	Respondent	Joint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAME CHANGE

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

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

13. OTHER ORDERS REQUESTED (specify):

IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUESTING, WRITE IT HERE

YOU WILL NEED TO BRIEFLY DESCRIBE THE ORDER REQUESTED

14. CHILD SUPPORT

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

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

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF RESPONDENT)

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PLAINTIFF/PETITIONER: THE OTHER PARENT'S NAME	CASE NUMBER:
DEFENDANT/RESPONDENT: YOUR NAME	COURT CASE NUMBER

DECLARATION

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

<p align="center">BRIEFLY EXPLAIN YOUR REQUEST BASED ON WHAT BOX YOU CHECKED ON FORM FL-220</p>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other *(Specify):*

FORM INSTRUCTIONS

FL-105/GC-120

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY 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: 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: THE OTHER PARENT'S NAME</p> <p>RESPONDENT: YOUR NAME</p> <p>OTHER PARTY: CHECK THE APPROPRIATE BOX</p> <p>CHILD'S NAME (Juvenile cases only):</p>	
<p><i>(This section applies only to probate guardianship cases.)</i></p> <p>GUARDIANSHIP OF (name): LEAVE BLANK Minor</p>	<p>CASE NUMBER:</p> <div style="border: 1px solid black; padding: 5px; font-weight: bold;"> <p>COURT CASE NUMBER</p> </div>
<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 **CHECK THIS BOX IF APPLICABLE** en. (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. (Provide the current address of **CHECK THIS BOX IF APPLICABLE** and their residence history for the past five years. If the current address is confidential under Family Code section 52.1, 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: 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: THE OTHER PARENT'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT CASE NUMBER
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	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 (name, state or tribe, location)
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 (if known)	Orders expire (date)
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: OTHER PARENT'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT 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: **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
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>			
From:	To:	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		
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
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>			
From:	To:	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		
From:	To:			
From:	To:			
From:	To:			

Page ___ of ___

FORM INSTRUCTIONS

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

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

CASE NUMBER:

COURT CASE NUMBER

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

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

3. b. Name of child: NEXT OLDEST 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: MM/DD/YYYY	To present To: MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
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: MM/DD/YYYY	To present To: MM/DD/YYYY	CURRENT ADDRESS FOR THE CHILD	NAME & CURRENT ADDRESS OF PERSON CHILD LIVES WITH	RELATIONSHIP OF PERSON TO CHILD
		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
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:			

BLANK FORMS

(To be Completed)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	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:	
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP	CASE NUMBER:

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

2. The children are

a. <u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
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 b. a child who is not yet born

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

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

5. The respondent is
 - a. the parent of the children listed in item 2 above.
 - b. not certain if the respondent is the parent of the children listed in item 2 above.
 - c. not the parent of the children listed in item 2 above.
 - d. Other (specify):

6. Additional statements
 - a. Parentage has been determined by a voluntary declaration of parentage or paternity. (Attach a copy if available.)
 - b. Parentage has been established in another case governmental child support Other (specify):

 - c. Public assistance is being provided to the children.

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

PETITIONER:	CASE NUMBER:
RESPONDENT:	

The respondent asks that the court make the determinations listed below.

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

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

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

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

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

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

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

Reasonable expenses of pregnancy and birth to be paid by as follows:

	Petitioner	Respondent	Joint
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. FEES AND COSTS OF LITIGATION

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

12. NAME CHANGE

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

13. OTHER ORDERS REQUESTED (specify):

14. CHILD SUPPORT

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

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

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

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF RESPONDENT)
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NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

DECLARATION

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

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

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF DECLARANT)

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

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

DECLARATION

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other *(Specify):*

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL 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:	
(This section applies to cases other than probate guardianships.) PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
(This section applies only to probate guardianship cases.) GUARDIANSHIP OF (name):	
Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER:	

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 (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:			

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:			

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:			

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:			

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

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:


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

by enclosing them in an envelope AND

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

 - c. Date mailed:
 - d. Place of mailing (*city and state*):
 5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
 6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____  _____

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

